



#### Personal Information

Please complete this application as accurately and thoroughly as possible. Although you may have submitted a resume, your resume will not be considered a substitute for your responses on this application. Please advise us if, because of a disability, you need assistance with completing this application form. Thank you for your interest in a career with ASRC Federal or one of its companies.

We appreciate your interest in ASRC Federal. ASRC Federal is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, religion, gender, ethnicity, alienage or citizenship, national origin, age, disability, marital status, sexual orientation, gender identification, veteran status or any other legal recognized protected basis under federal, state or local laws. ASRC Federal also prohibits harassment of applicants or employees based on any of these protected categories. It is also ASRC Federal's policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions.

\*\* = Conditionally Required Field

#### Personal Information

Legal First Name	Cristhian
Legal Last Name	Piraquive
Legal Middle Name	
Leave Blank, if no middle name	Andrey
Email Address	cpiraquive07@gmail.com
Address 1	2911 Vista Bella Loop Apt #204
Address 2	
City	Orlando
Country	United States
State/Province**	Florida
Zip/Postal Code	32822
Primary Phone	(407) 300-7569
Secondary Phone	
Willing to Relocate	Yes
Willing to Relocate to	

#### General Information

Are you at least 18 years of age?	Yes
Are you currently authorized to work in the United States? (Proof of U.S. citizenship or immigration status will be required upon employment.)	Yes
If no, please describe your work authorization status.**	
Have you ever been employed by ASRC Federal Holding Company or Subsidiaries?	No
If yes, what location?**	
From Date**	
To Date**	
Do you have relatives employed by ASRC Federal Holding Company or Subsidiaries?	No
If yes, give their names**	
Desired Salary	35000
Do you currently hold a security clearance or have you held a security clearance within the last 24 months?	No
If Yes, please choose	
Are you an ASRC Shareholder?	N/A - None of the above

#### Employment History

Please specify your complete full-time and part-time employment history for **at least the past seven (7) years**, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer.

To add additional employers, click the "Add Employer" button below. The "Remove Last Employer" will delete all entries for the last employer that you have entered.

\*\* = Required Field

#### Employment History

##### Previous Employer 1

Type	Previous
Employer**	Park to Fly
Employer Phone**	(407) 851-8875
Address 1	1900 Jetport Dr
Address 2	
City**	Orlando
Zip/Postal Code**	32809
Country**	United States
State**	Florida
Start Date**	07/26/2014
End Date**	11/01/2014
If Current, please leave blank	
Supervisor's Name	Beth Helser

Supervisor's Title . . . . .	Manager
Start Position/Title . . . . .	Runner
End Position/Title . . . . .	Runner
May We Contact** . . . . .	Yes
Job Duties . . . . .	07-2014 - 11-2014 Runner - Park to Fly   Orlando, FL - Responsible for successfully parking and retrieving customer vehicles - Maintained organized records of customer parking tickets and vehicle keys - Ensured that each vehicle would leave the grounds with right owner - Responsible for any contents/valuables inside each vehicle - Responsible for the health and condition of each vehicle - Collaborate with other employees to generate an efficient workflow
Reason for Leaving** . . . . .	Job was interfering with education.

Education History

To add additional education, click the "Add Education" button below. The "Remove Last Education" will delete all entries for the last education that you have entered.

Please enter your highest level of education first.

\*\* = Conditionally Required Field

Education History

Education 1

Education Level . . . . .	Bachelors
School/University Name . . . . .	University of Central Florida
Address . . . . .	
City . . . . .	Orlando
Zip/Postal Code** . . . . .	32816
Country . . . . .	United States
State/Province** . . . . .	Florida
Major . . . . .	Digital Media
Graduated? . . . . .	Yes

Education 2

Education Level . . . . .	Associates
School/University Name . . . . .	Valencia College
Address . . . . .	
City . . . . .	Orlando
Zip/Postal Code** . . . . .	32802
Country . . . . .	United States
State/Province** . . . . .	Florida
Major . . . . .	General Education
Graduated? . . . . .	Yes

Licenses/Certifications

OPTIONAL SECTION

To add additional professional licenses, click the "Add License" button below. The "Remove Last License" will delete all entries for the last license that you have entered.

\*\* = Conditionally Required Field

Licenses

Licenses/Certifications 1

License Type . . . . .	
License Description** . . . . .	
If Other, please specify . . . . .	

Military History

Military History

OPTIONAL SECTION

Military Branch . . . . .	
Country Served . . . . .	
Military Rank Achieved . . . . .	
Military Discharge Status . . . . .	
Military Start Date . . . . .	
Military End Date . . . . .	

References

To add additional references, click the "Add Reference" button below. The "Remove Last Reference" will delete all entries for the last reference that you have entered.

Please list Supervisory References. Please Note: For recent Graduates/ Interns, you may include Professors/teacher. Relative references are not accepted.

\*\* = Conditionally Required Field

References

Reference 1

First Name** . . . . .	Eliadys
Last Name** . . . . .	Mendez
Relationship** . . . . .	High School Professor

Relationship Length .  
.....  
Company ..... Colonial High School  
Title .....  
City\*\* ..... Orlando  
Country\*\* ..... United States  
State/Province\*\* ..... Florida  
Phone Number\*\* ..... (407) 485-5306  
Contact Email .....  
.....

Reference 2  
First Name\*\* ..... Beth  
Last Name\*\* ..... Helser  
Relationship\*\* ..... Previous Manager  
Relationship Length .  
.....  
Company ..... Park To Fly  
Title .....  
City\*\* ..... Orlando  
Country\*\* ..... United States  
State/Province\*\* ..... Florida  
Phone Number\*\* ..... (407) 761-8523  
Contact Email .....  
.....

eSignature  
.....

ELECTRONIC SIGNATURE: Please type your name as it is listed in the document above:

I testify that this statement is true to the best of my knowledge:

E-Signature  
.....  
..... Cristhian A Piraquive  
Accepted