

APPLICATION

PERSONAL INFORMATION

Name	Alejandro	Last name	Rosales		
Address	10000 Kersey St, Apt 10323				
City	Orlando	State:	Florida	Zip code	33897
email		Phone number	4076868917		
Date of birth	12/07/1996				

EMPLOYMENT ELIGIBILITY

Days available to work	Mon-Fri				
If the job requires it, can you travel?			Yes		
Desired job	Part Time	Can you work nights?		Yes	
Position to which applies	Maintenance	Desired payment		9	
Have you worked for this company before?. If the answer is yes, indicate the start date and end date		no			
Have you ever been convicted of a felony?. If the answer is yes, explain		no			
Are you open to a background check?		No			
If Hired, Are You Willing To Test For Controlled Substances?		si			

EXPERIENCE/SKILLS

Write the jobs in which you have experience	Maintenance
English language level	None

EDUCATION

Indicate the studies you have carried out	None
Specialty of your studies	Ingenieria en sistemas

MILITARY SERVICE

Have you ever been a member of the united states armed services?	No
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Service branch	
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Start Period		End Period	
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Describe your duties and any special training	
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EMERGENCY CONTACT

name	emergencyName	Phone number	4076868917
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Relationship	Hermana
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MEDICAL FORM

Full Name:	Alejandro Rosales
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Enter your height in feet	8	Enter your weight in pounds	8
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Mention any allergies you have	
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Mention all the diseases you suffer from	
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Have you ever received workers compensation due to an injury at work? If the answer is yes, describe why?	no
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Have you received surgery for a fracture? If the answer is yes, describe all the details	no
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Have you received any kind of physical disability evaluation or assigned by any insurance company or state/or federal agency? If the answer is yes, describe why, when and where	no
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