Cost Control Company, LLC

P.O. Box 192095 San Juan, P.R. 00919-2095
administracion@costcontrolpr.com

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Full Name		Social Security Number XXX-XX-_____
Physical Address (legible)		
Mail Address (legible)		
Email:		
Phone number : ( )	¿Are you 18 years or older? Yes ☐ No ☐	Referred by:

DESIRED JOB

Position applied for:	Available staring date:	Desired Salary / Wage:
¿Are you currently employed? Yes ☐ No ☐	Can we contact them for references? Yes ☐ No ☐	Supervisor's Name:

EDUCATION

	INSTITUTION'S NAME AND ADDRESS	YEARS OF STUDY	GRADUATED?
High School			Yes ☐ No ☐
University / College			Yes ☐ No ☐
Other			Yes ☐ No ☐

Special Training & Qualifications

Courses, research or special trainings:	
Are you active in the Military Services? Yes ☐ No ☐	Rank:

Have you ever been convicted of a felony? Yes ☐ No ☐ (Being convicted does not necessarily exclude you from being eligible for employment with the Company) If your answer is yes, please specify the type of felony:
Would you be willing to travel whenever requested? Yes ☐ No ☐
Would you use your personal vehicle if the job requires it? Yes ☐ No ☐
Do you have a family member who works for our company? Yes ☐ No ☐ Family's member name:_____
Have you previously worked for our company? Yes ☐ No ☐ ¿When? _____

(see the back)

Employment History (3 at least)

DATE	NAME AND ADDRESS	PHONE
From		
To:		
Salary / Wage:	Position:	Reason for leaving:
From		
To:		
Salary / Wage:	Position:	Reason for leaving:
From		
To:		
Salary / Wage:	Position:	Reason for leaving:

REFERENCES

(List three personal reference who are not family members and know you for at least a year)

NAME	ADDRESS	PHONE NUMBER	OCCUPATION	YEARS KNOWN

Acknowledgement and Authorization

The undersigned acknowledges that the foregoing statements and information provided is fully and truthfully set forth the true and accurate personal information of the applicant as of the date hereof. The undersigned hereby consents and authorize Cost Control Company Inc. gathering information in the current application to conduct further investigation of personal and employment reference. I understand that by providing false information I will be disqualified and / or removed from employment. I release the Company from liability for damages as a result of the information. I understand and agree that no representative of this Company is authorized to negotiate terms of employment other than in writing and signed by an authorized officer.

Signature: _____ Date: _____

HUMAN RESOURCES DEPARTMENT OFFICIAL USE

OBSERVATIONS / COMMENTS

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER, "A DRUG FREE COMPANY "

WE DO NOT DISCRIMINATE BY REASON OF AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, SOCIAL STATUS, POLITICAL BELIEFS, PHYSICAL AND / OR MENTAL IMPEDIMENT (S), IF YOU ARE A VETERAN OR AS A VICTIM OF DOMESTIC VIOLENCE