



JOB APPLICATION
(Human Resources and Labor Relations Area)
Equal opportunities employer.

When evaluating your application, the requirements of the class, experience, additional preparation and the courses or training you have taken and that are related to the position for which you are applying for the exam will be taken into consideration.

Position you are applying for: _____

DO NOT WRITE IN THIS SPACE		
<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied	<input type="checkbox"/> Returned
Date:	_____	
Analyst:	_____	

INSTRUCTIONS

- | | |
|--|---|
| <ol style="list-style-type: none"> Please PRINT legibly. Complete the application in all its parts. Clearly state the Title of the Exam you are interested in taking. Include only photocopies of your evidence. Include Certification of Filing of Taxes. Include Certification of No Debt. If you have experience in another public service agency, please include the certification of duties for each position and the exact dates on which you held each position (beginning and termination). | <ol style="list-style-type: none"> Candidates who indicate they have experience in private companies, excluded from the provisions of Act No. 8-2017, "Government of Puerto Rico Human Resources Administration and Transformation Act", must include with their request for exam, a certification from the Agency or Company where you have provided your services. This should include the following: <ol style="list-style-type: none"> Position(s) occupied Salary Exact dates in which you held each position (understand, start and end dates) Detailed description of duties and nature of work. |
|--|---|

I. PERSONAL INFORMATION

				Gender:	
(Last name)		(Mother's maiden name)		(First name)	
Residential address:			Postal Address: <input type="checkbox"/> Same as Residential		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		
Email address: _____					
Phone(s) Number(s):			Citizenship:		
Cell phone:		A. Are you an American citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Residential:		Naturalized American citizens must show the certificate of naturalization. Foreigners legally authorized to work in the U.S. must present a valid document of authorization for employment.			
Work:					
Are you physically and mentally qualified to perform the essential functions of the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been convicted of a felony or of any crime that involves moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been acquitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					





II. EDUCATION

Name of the Institution/State and City	Dates (month and year)		Did you graduate?	Path	Indicate the highest grade completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
	Start	End			
Elementary, Middle and High School					
University/College	Dates (month and year)		Credits for Semester Hours	Conferred Degree	Major
	Start	End			
Other Courses / Institutions	Dates (month and year)		Diploma or Certificate	Total hours/credits	
	Start	End			

Detail licenses that you have, indicating class, number and expiration date:

Skills and Abilities

Computer Programs

Program	Advanced	Intermediate	Basic
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Languages

Language	Talk	Write	Comprehend
Spanish	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
English	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic
Others:	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic

Indicate which machine(s) and / or equipment(s) you know how to operate:

Computers Other(s): _____





III. WORK EXPERIENCE

Make a chronological list of all your jobs both in Puerto Rico and abroad, starting from the most recent. The addresses must be complete. Include temporary jobs and those that only occupied part of the time.

A. Employer Name: _____		Start:	_____
Address: _____		End:	_____
Job Title: _____			
Describe the duties briefly: _____			
Name and title of your Immediate Supervisor: _____			
B. Employer Name: _____		Start:	_____
Address: _____		End:	_____
Job Title: _____			
Describe the duties briefly: _____			
Name and title of your Immediate Supervisor: _____			
C. Employer Name: _____		Start:	_____
Address: _____		End:	_____
Job Title: _____			
Describe the duties briefly: _____			
Name and title of your Immediate Supervisor: _____			

Have you been suspended or forced to quit any job? Yes No
If the answer is "Yes", specify: _____

Have you been denied or canceled any license by any agency of the Municipal, State or Federal Government? Yes No
If the answer is "Yes", specify: _____

Have you been dismissed from the Government? Yes No
If the answer is "Yes", specify: _____

Have you been authorized to work in the Government by the Secretary of the Department of Labor? Yes No

V. PREFERENCE AWARD (Include Evidence)

You are not required to provide the following information; but you have the right to do so for the purpose of receiving the preference benefits established by law. Your information will be kept confidential.

A. Disability	B. Nutritional Assistance Program
You are not obliged to report that you are a person with a disability but have the right to do so for the purposes of being considered for the benefits conferred by Act 81-1996, "Equal Employment Opportunity for Persons with Disabilities Act". In this case you must complete Attachment 1.	You are not required to report that you are a beneficiary of any nutritional assistance program, but you have the right to do so in order to be considered for the benefits conferred by Act 1-2004. In this case you must complete Attachment 2.
Do you request this benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you request this benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. Veteran

Are you a:
 Veteran Disabled Veteran

To claim veteran preference, you must complete Attachment 3 and submit a Certificate of Release or Discharge from Active Duty (DD Form 214).

Do you request this benefit?
 Yes No





VI. REFERENCES

Name and address of three (3) individuals who are not relatives nor ex-employers and who know you personally:

Name	Address	Phone	Years Known

VII. CERTIFICATION AND AUTHORIZATIONS

I certify that the information contained herein is accurate and true, and that it has been exposed without intent to distort the facts or commit fraud. I am aware that if any falsehood or fraud is discovered in relation to what is signed, I will be subject to the dismissal or imposition of another disciplinary measure, as provided in Section 6.3.3 (m) of Act No. 8 of February 4, 2017, in the case of any person "who has given false testimony as to any specific event, or who has performed or attempts to deceive or fraud their request or exams or to obtain eligibility or appointment".

(Date)

(Signature)

I hereby authorize any particular person or any corporation, institution, company, agency or public or private entity, to offer to the Secretary of the Puerto Rico Department of Public Safety or to the person(s) in whom he/she delegate any information they require about me, including that which relates to my conduct, reputation, health, habits or any other nature they deem necessary and relevant.

(Date)

(Signature)

This is to authorize the Department of Defense or his agencies, to furnish my full military service, disciplinary and medical records. To release these records to the Secretary of the Puerto Rico Department of Public Safety or his/her legal representative.

(Date)

(Signature)

