



Aplicacion De Empleo

Somos un empleador de igualdad de oportunidades y no lo hacen y no se discrimina basándose en la edad (dentro de los límites legales), raza, religión, color, sexo, origen nacional, ascendencia, discapacidad, estado civil, orientación sexual o condición de veterano.

Este formulario debe completarse en su totalidad. Aunque puede adjuntar una hoja de vida, no es un sustituto de este formulario. Imprimir o escriba la información tan cuidadosamente como sea posible, ya que esto ayudará a la pronta consideración. Utilice la página para obtener información adicional o si el espacio es insuficiente en cualquier sección del formulario.

Commercial Service Solutions
2323 West Mescal
Suite 205
Phoenix, AZ 85029

Attn: Tiffany Brooks (Payroll Manager)

Nombre: Apellido Nombre Medio

Fecha: _____

Solo Para Uso de Compania:

RECURSO

REFERENCIA

Responder todas las preguntas completamente en la escritura a mano en tinta. Somos un empleador de igualdad de oportunidades. Ninguna pregunta sobre esta aplicación pretende ser discriminatorias bajo ningún aplicable Federal, estatal o Local justo derecho de prácticas de empleo.

I. INFORMACION PERSONAL

Apellido	Nombre	Medio Nombre	Fecha
Direccion			Numero de Casa
Ciudad	Estado	Zip	Cellular
A involuntariamente terminado de un trabajo, o se la a pedido que renuncie? (Si / No) (Escoja)	Si contratado, puede proporcionar verificación de su derecho a trabajar en los Estados Unidos?? (Si / No) (Escoja)		Correo electronico
Si es menor de los 18 anos pude demostrar su permico para trabajar? (Si / No) (Escoja)	Do you have a valid driver's license? (Si / No) (Escoja)	¿Tienes un coche o transporte a trabajar? (Tengo un coche) (Tengo transporte) (No)	
¿Alguna vez ha trabajado bajo un nombre diferente? (Sí / No) (Escoja) Si el "Si" lista de nombres:	¿Alguna vez ha trabajado bajo un nombre diferente? (Sí / No) (Escoja) Si es "Si" lista de nombres:		
En Caso de Emergencia Nobre de Contacto:		Numero ()	
Usted alguna vez a sido condenado de un delito? (Si / No) (Escoja) Si es "Sí" lista de ofensa, fecha y disposición del caso: (convicciones no necesariamente lo descalificará para la posición)			

II. INTERESES DEL EMPLIADO

Posicion Deseada	Fecha Disponible	Sueldo Deseado	Estaria dispuest a trabajar tiempo extra? (Si / No) (Escoja)
Tipo de empleo desado (circle) Regular Full-Time Temporario Part-Time	Dias y horas disponibles para trabaja:		
Quien lo refirio a nuestra compania? θ Periodica (where) _____ θ O un Empleado (Nombre) _____ θ Agencia (Nombre) _____ θ Otro (Especificar) _____ θ De Pasada _____			

III. INFORMACION DE EDUCACION

Nivel de Educacion	Nombre de Escuela y Donde	Cursos Estudiados	Escoja que Grado acabo	Se Graduó?	Diploma Recibido
Secundaria			1 2 3 4	Si / No	
Colegio / Universidad			1 2 3 4	SI / No	
Pos Graduado			1 2 3 4	Si / No	
Tecnicas Empresariales / Comerciales			1 2 3 4	Si / No	

IV. Habilidades

Dominio del inglés. En una escala de 1-5, indicar su capacidad para: Hablar: 1 2 3 4 5 (Escoja) Leer: 1 2 3 4 5 (Escoja) Escribir: 1 2 3 4 5 (Escoja)	Spanish Fluency. On a scale of 1-5, indicate your ability to: Hablar: 1 2 3 4 5 (Escoja) Leer: 1 2 3 4 5 (Escoja) Escribir: 1 2 3 4 5 (Escoja)	Describir a fondo experiencia que puede estar relacionado con el trabajo deseado:
Lista de otros idiomas (indicar la capacidad de hablar, leer y escribir)		
Que maquinas pude usar:	Puede componer algun tipo de maquina? (Explique)	
Puede levantar 65lbs. sin lastimarse? (Si / No) (Escoja)	Describa si a tenido otro (A) posicion de limpieza:	

INFORMACION de empleo (Empezar con actual o mas reciente empleador)

1	Nombre de Compania			Telefono ()		Fecha Mes/Ano.	Fecha Mes/Ano
	Direccion		Ciudad	Estado	Zip	Sueldo Cuando Comenzo \$	Sueldo Cuando Termino \$
	Titulo		Responsabilidad			Motivo por dejar esa posicion?	
	Nombre de Supervisor					Podemos contactar? (Si / No) (Escoja)	
2	Nombre de Compania			Telefono ()		Fecha Mes/Ano	Fecha Mes/Ano
	Direccion		Ciudad	Estado	Zip	Sueldo Cuando Comenzo \$	Sueldo Cuando Comenzo \$
	Titulo		Responsabilidad			Motivo por dejar esa posicion?	
	Nombre de Supervisor					Podemos contactar? (Si / No) (Escoja)	
3	Nombre de Compania			Telefono ()		From Mo./Yr.	To Mo./Yr.
	Direccion		Ciudad	Estado	Zip	Sueldo Cuando Comenzo \$	Sueldo Cuando Comenzo \$
	Titulo		Responsabilidad			Motivo por dejar esa posicion?	
	Nombre de Supervisor					Podemos contactar? (Si / No) (Escoja)	

VI. RECONOCIMIENTO

Lea detenidamente, inicial de cada párrafo y firmar a continuación

Inicial	Autorizo a cualquier persona, la escuela, el empleador actual (excepto como expresamente señalé), empleador, y nombradas en este formulario de aplicación (y acompañamiento reanudar u otra documentación,) si alguna de las organizaciones para proporcionar COMMERCIAL SERVICE SOLUTIONS con información y opinión, personal o de otro tipo, que puede ser útil en la toma de una decisión de contratación. Publicar todas las partes de toda responsabilidad por los daños que resulten de suministro de información y opinión a usted.
Inicia	En consideración de empleo, estoy de acuerdo a obedecer las reglas y normas de COMMERCIAL SERVICE SOLUTIONS. Tengo entendido que nada de lo contenido en esta aplicación o en el proceso de entrevista pretende crear un contrato entre COMMERCIAL SERVICE SOLUTIONS y yo para cualquier empleo o para la prestación de beneficios. Estoy de acuerdo en que mi empleo es a voluntad y las condiciones de empleo pueden cambiarse con o sin causa, con o sin previo aviso, incluyendo pero no limitado a la terminación, degradación, promoción, transferencia, compensación, beneficios, obligaciones y ubicación de trabajo, en cualquier momento, por cualquier razón, en la opción de mí o COMMERCIAL SERVICE SOLUTIONS. Esto constituye mi todo acuerdo con COMMERCIAL SERVICE SOLUTIONS con respecto a la longitud de mi empleo.
Inicia	Entiendo que como una condición de empleo permito obligado a adoptar un posterior offer/previo al employment examen físico que puede incluir una prueba de alcohol y drogas. Entiendo más que en cualquier momento durante mi empleo, puedo requerir tomar un examen físico que puede incluir un alcohol y prueba de drogas si gestión razonablemente sospecha que existe una condición me impedirá realizar mi trabajo de manera que no ponga en peligro mi propia salud o la seguridad y la salud de los demás. Autorizo a todos los proveedores de atención de la salud que me a revelar a COMMERCIAL SERVICE SOLUTIONS o sus agentes, examen toda la información médica revelé durante tal. Además autorizo a COMMERCIAL SERVICE SOLUTIONS a revelar dicha información a otras personas, si en cualquier momento mi condición médica es poner en cuestión en cualquier procedimiento por mí mismo o a otros. En caso de que tengo una discapacidad que afectará mi capacidad para hacer la prueba, por lo que informaré COMMERCIAL SERVICE SOLUTIONS por lo que puede hacerse un ajuste razonable. COMMERCIAL SERVICE SOLUTIONS se reserva el derecho a exigir la documentación médica sobre la necesidad de alojamiento.
Inicia	Tengo entendido que todas las ofertas de empleo están condicionadas por mi proporcionar prueba documental satisfactoria de mi identidad y el derecho a vivir y trabajar en los Estados Unidos.
Inicia	Por la presente reconozco que he leído las declaraciones anteriores y entiendo. Certifico que yo, el solicitante abajo firmantes, personalmente he completado esta aplicación. Declaro bajo pena de perjurio que los datos contenidos en la aplicación (o cualquier reanudación u otros documentos) son verdaderos y completa a lo mejor de mi conocimiento. Entiendo que cualquier inexactitudes u omisiones me descalificará de ulterior consideración para el empleo y serán la justificación para mi despido de empleo, si se descubre en una fecha posterior.

Firma de Empleado : _____

Nombre : _____

Fecha: _____

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Commercial Service Solutions("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Clarifacts Inc., 323 W. Roosevelt St., Suite 101, Phoenix, AZ 85003, Tel: 602-258-8858, Toll Free: 800-318-0553, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Commercial Service Solutions to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Commercial Service Solutions by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Clarifacts Inc., 323 W. Roosevelt St., Suite 101, Phoenix, AZ 85003, 602-258-8858, Toll Free: 800-318-0553, another outside organization acting on behalf of Commercial Service Solutions, and/or Commercial Service Solutions itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Name: _____
Last First Middle

Other Name(s) by Which You Have Been Known: _____

Social Security Number:* _____ Date of Birth (mo/day/yr):* _____ / _____ / _____

Driver's License Number: _____ State Issued: _____

Current Address: _____

Signature: _____ Date: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:
 - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552
- b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

- a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
- b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480
- c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
- d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

- Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416
Securities and Exchange Commission
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357