

# APPLICATION FORM

**Polytechnic University of Puerto Rico  
Career & Internship Services Program  
(787) 622-8000 ext. 267, 279 y 269.**

Polytechnic University of Puerto Rico does not discriminate in any manner contrary to law or justice on the basis of race, color, gender, sexual orientation, age, religion, disability, veteran's status or national origin in its educational programs or activities, including employment and admissions

Faculty / Major		GPA		Graduation date:	
Last name		First name		Middle initial	
Current Address		Number	Street	City	State Zip code
Postal Address		Number	Street	City	State Zip code
Email Address					
Telephone Number(s)				Student Number	
Date available to start employment		Seeking:		Full time	Part time
				<input type="checkbox"/>	<input type="checkbox"/>
				Temporary	Summer
				<input type="checkbox"/>	<input type="checkbox"/>
Minimum acceptable salary:		Per:		USA Citizen?	Type of Visa:
\$		<input type="checkbox"/> year	<input type="checkbox"/> month	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa #:
Did you served in the armed forces of USA?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If needed for work, do you have?	Driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No
					Automobile <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you relocate in another country?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Places willing to work:	<input type="checkbox"/> Metropolitan area	<input type="checkbox"/> North area <input type="checkbox"/> South area
Have you been convicted by a court for any charge?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> East area	<input type="checkbox"/> West area <input type="checkbox"/> United States
If yes, describe:				<input type="checkbox"/> Anywhere	<input type="checkbox"/> Other:
Handicapped disabled?		<input type="checkbox"/> No	<input type="checkbox"/> HDCP (not disabled Veteran)	<input type="checkbox"/> Disabled veteran	
EDUCATION-List any other special schooling or training you has taken. Note: You will have to submit evidence.					
Name of School	Course of Study	Years completed	Diploma Degree, certificate or license		

**EXPERIENCE-** Start with your current or last position. Be as specific as possible when listing your major job duties. A resume can be attached, but will not be accepted in lieu of a fully completed application.

Name of Employer	Address
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Position held	Reason for leaving
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From month/yr	To month/yr	Starting salary	Ending Salary	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
		\$	\$	<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer

List Specific Job Duties:

May we contact employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name & title of immediate supervisor:
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		\$	\$	<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer

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May we contact employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name & title of immediate supervisor:
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**SPECIAL ABILITIES, SKILLS OR KNOWLEDGE-** Be specific in listing your special skills. List machines or office equipment you can use such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, programming languages, etc.

<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Access	<input type="checkbox"/> MAC OS	<input type="checkbox"/> MathLab	<input type="checkbox"/> Word Perfect	<input type="checkbox"/> Other
<input type="checkbox"/> MS Excel	<input type="checkbox"/> PSpice	<input type="checkbox"/> IBM/compatible			
<input type="checkbox"/> MS Power Point	<input type="checkbox"/> PLC	List:	Languages that you speak and write?		
<input type="checkbox"/> AutoCad					

<b>REFERENCES</b>	Name	Phone	Name	Phone
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SIGNATURE OF APPLICANT	DATE
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