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| **SOLICITUD DE EMPLEO** | Fecha | | |  |
| Puesto que está solicitando: |  |  |  |
|  | Sueldo mensual deseado | | |
|  | | |
| Sueldo mensual autorizado | | |
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| Fecha de contratación | | |
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| **DATOS PERSONALES** | | | | | | |
| Primer Apellido | Segundo Apellido | | Nombres | | | Edad (años) |
|  |  | |  | | |  |
| Domicilio (Calle y número) | | | Colonia | Código Postal | Teléfono o Celular | Sexo (Masculino o Femenino) |
|  | | |  |  |  |  |
| Ciudad o Alcaldía, Entidad Federativa del Domicilio | | | Entidad Federativa (Lugar) de nacimiento | |  |  |
|  | | |  | | Fecha Nacimiento | Nacionalidad |
| Vive con (Escriba: Padres, Familia, Parientes) | |  | | |  |  |
| Personas que dependen de usted (Escriba: Hijos, Cónyuge, Padres) | | |  | | Estado Civil: |  |

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| **DOCUMENTACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clave Única de Registro de Población (CURP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No de AFORE | | | |
|  |  | |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  | |  |  |  | |  | | | |
| Registro Federal de Contribuyentes (RFC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ¿Tiene Licencia de Manejo? | | Nº Cartilla Servicio Militar | | Nº Pasaporte |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | |  | |  |
| Número de Seguridad Social | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Clase y número de Licencia | | | Siendo extranjero, que documentos le permiten trabajar en el país | |
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| **ESTADO DE SALUD Y HÁBITOS PERSONALES** | | |
| ¿Cómo considera su estado de salud actual? (Escriba: Bueno, regular o malo) | ¿Padece alguna enfermedad crónica? (Escriba: Si y explique o escriba No) | |
|  |  | |
| ¿Practica algún deporte? | ¿Pertenece a algún Club Social o Deportivo? | ¿En qué ocupa su tiempo libre? |
|  |  |  |
| ¿Cuál es su meta en la vida? | | |
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| **DATOS FAMILIARES** | | | | | | |
| Nombre (sólo nombre sin apellidos) | | | Vive | Finado | Domicilio (Sólo Entidad Federativa y Colonia) | Ocupación |
| Padre |  | |  |  |  |  |
| Madre |  | |  |  |  |  |
| Cónyuge |  | |  |  |  |  |
| Nombres y edades de los hijos | |  | | | | |

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| **ESCOLARIDAD** | | | | | | | | | | |
| Nombre de la escuela | | | Domicilio (Sólo Entidad Federativa y Colonia) | | Fechas (Año) | | | Años | Título Recibido | |
| Primaria | |  |  | | De | | A |  |  | |
|  | | |  | |  | |  |  | |
| Secundaria | |  |  | | De | | A |  |  | |
|  | | |  | |  | |  |  | |
| Preparatoria o Vocacional | |  |  | | De | | A |  |  | |
|  | | |  | |  | |  |  | |
| Profesional | |  |  | | De | | A |  |  | |
|  | | |  | |  | |  |  | |
| Comercial u otras | |  |  | | De | | A |  |  | |
|  | | |  | |  | |  |  | |
| Estudios que está efectuando en la actualidad | | |  | | | | | | | |
| Escuela |  | | Horario |  | Curso/Carrera |  | | | Grado |  |

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| **CONOCIMIENTOS GENERALES** | |
| Idiomas que domina | Funciones de Oficina que Domina |
|  |  |
| Máquinas de oficina y/o equipo de trabajo que sepa manejar | |
|  | |
| Otros trabajos o funciones que domina | |
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| **REFERENCIAS PERSONALES** | | | | |
| Nombre | Domicilio | Teléfono | Tipo de Vínculo | Tiempo de Conocerse |
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| **DATOS GENERALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Cómo se enteró de este empleo? | | | | | | | | | | | | | | | | | ¿Tiene familiares y/o amigos que laboren en esta empresa? | | | | | | | | | | | | | | | | | | |
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|  |  | Anuncio | |  | Otro Medio (anótelo): | | | | |  | | | | | | |  |  | No |  | Si (Nómbrelos): | | | | |  | | | | | | | | | |
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| ¿Ha estado Afianzado? | | | | | | | | | | | | | | | | | ¿Pertenece a algún Sindicato? | | | | | | | | | | | | | | | | | | |
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|  |  | No |  | SI (Nombre de la Compañía): | | | | | |  | | | | | | |  |  | No |  | Si (¿A cuál?): | | | |  | | | | | | | | | | |
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| ¿Tiene seguro de vida? | | | | | | | | | | | | Importe Mensual $ | | | | | ¿Puede Viajar? | | | | | | | | | | | | | | | | | | |
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|  |  | No |  | SI (¿De qué CIA?) | | | |  | | | |  | | | | |  |  | SI |  | No (Razones): | | |  | | | | | | | | | | | |
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| ¿Está dispuesto a cambiar de lugar de residencia? | | | | | | | | | | | | | | | | | Fecha en que podría presentarse a trabajar | | | | | | | | | | | | | | | | | | |
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|  |  | Si |  | No (Razones): | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **DATOS ECONÓMICOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Tiene usted otros ingresos? | | | | | | | | | | | | Importe Mensual $ | | | | | ¿Su cónyuge trabaja? | | | | | | | | | | | | Percepción Mensual $ | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | No |  | SI (¿Cúales?) | | | |  | | | |  | | | | |  |  | No |  | SI (¿Dónde?) | | | |  | | | |  | | | | | |
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| ¿Vive en casa propia? | | | | | | | | | | | | Importe Mensual $ | | | | | ¿Paga renta? | | | | | | | | | | | | Importe Mensual $ | | | | | |
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|  |  | No |  | SI |  | | | | | | |  | | | | |  |  | No |  | SI |  | | | | | | |  | | | | | |
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| ¿Tiene automóvil propio? | | | | | | Placas | | | Marca | | | Modelo | | | | | ¿Tiene deudas? | | | | | | | | | | | | Importe $ | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | No |  | SI |  |  | | |  | | |  | | | | |  |  | No |  | SI |  | | | | | | |  | | | | | |
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| Ingresos $ | | |  | | | | Ahorro $ | | | | | |  | | | | ¿Cuánto abona mensualmente? | | | | | | | | | | | | | | | | | |
| Egresos $ | | |  | | | | Total gastos mensuales $ | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |
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| Observaciones | | | |  | | | | | | | | | | | | | Certifico que los datos proporcionados son correctos y autorizo a la empresa para que certifique a su entera satisfacción | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | Firma del solicitante | | | | | | | |