

Centro Cultural Turistico "Guanin, Inc."

Become a Member:

Application Form:

Personal Information:

Add your Photo here.

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Perment Addrres:	<input type="text"/>		
Country:	<input type="text"/>	City:	<input type="text"/>
ID Number:	<input type="text"/>	Passport:	<input type="text"/>
Tel.:	<input type="text"/>	Tel.:	<input type="text"/>
		Cell.:	<input type="text"/>

Education:

	Yes		No		Name:	Graduated:	Yes		No		Date:
Secondary College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Univeristy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City/Country:	<input type="text"/>		Address:		<input type="text"/>				Zip Code:		<input type="text"/>

Idiom Skill:

Spanish is language proficiency:
Is your first language Spanish?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Specific what language do you speak?

Poor	Basic	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

English: French:

What more?:

Reference:

Please include a recommendation from people who have known you for at least one year, including one from a past employer or professor. In the event that you are unable to acquire a recommendation, please list your references that we can contact.

Personal Reference (not related to you)

Full name:	<input type="text"/>	E-mail:	<input type="text"/>
Tel.:	<input type="text"/>	Tell.:	<input type="text"/>
Address:	<input type="text"/>		Cell.:
			Zip Code:
			<input type="text"/>

1) Have you been Convicted of or plead guilty to a criminal offense?
(Felony or minsdemeanor).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2) If yes, please explain:

3) Is litigation pending?

<input type="checkbox"/>	<input type="checkbox"/>
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The above information is true and complete to the best of my knowledge. If accepted by "Guanin Center" any misrepresentation, false statements, or omissions contained herein will be considered cause of dismissal.

Center Cultural Turistico Guanin, Inc., has my permission to obtain all necessary information from the reference, I have lested or any other source, concerning my prior employment of personal history and realease all parties from possible damages resulting from disclosing such information with or without prior written notice by me.

The "Guanin Center" will not discriminate against any person on the vasis of race, creed, color, national origin, marital status, fender sexual orientation or disability.

Day/M/Year: I Accept the above terms and conditions. Add your signature

If you have any question about the collection or us this iformation. Please contact us, (809) 435-1980, E-mail guanin@guanin.org
Send this form by fax, e-mail or Mail box address: fax, 1(480)247-1980, email: guanin@guanin.org
Mail box: **Zona Colonial Z-77, Distrito Nacional, DR.**