

**PERSONAL DATA AND WORK HISTORY FORM  
TO PROCESS DEFINITE OR TEMPORARY AIRPORT ID CARD**

THIS FORM SHOULD BE FILLED IN MECHANICALLY OR IN LEG BLE BLOCK LETTERS.

<u>PERSONAL DATA</u>	
SURNAME(S): _____ NAME(S): _____	
GENDER (M)____(F)____	DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____
POPULATION REGISTRY CODE (CURP): _____	TAX ID (RFC): _____
<u>HOME ADDRESS</u>	
STREET AND NUMBER: _____ CITY OR (OR COLONIA): _____	
STATE, MUNIPALITY, DELEGATION: _____ POSTAL CODE _____ HOME PHONE _____	
DRIVERS LICENSE NUMBER: _____	PASSPORT NUMBER: _____
EMERGENCY CONTACT PERSON: _____	
EMERGENCY CONTACT PHONE: _____ BLOOD TYPE: _____	
<u>WORK HISTORY</u>	
COMPANY NAME: _____	
POSITION: _____	
PROFESSIONAL RESPONSIBILITIES _____	
DEPARTMENT: _____	
IMMEDIATE SUPERVISOR: _____	
SUPERVISOR'S TITLE: _____ OFFICE PHONE: _____	

WORK HISTORY

1. WORK HISTORY DATA SHOULD BE FROM WITHIN THE PAST FIVE YEARS
2. INFORMATION ON THIS FORM SHOULD BE VALIDATED BY THE COMPANY'S HUMAN RESOURCES DEPARTMENT

<b>CURRENT OR MOST RECENT</b>	COMPANY NAME			
	ADDRESS			
	NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBERS	1.- _____ EXT. _____ 2.- _____ EXT. _____
	EMPLOYMENT PERIOD		FROM DAY _____ MONTH _____ YEAR _____ TO DAY _____ MONTH _____ YEAR _____	
	CURRENT OR FORMER POSITION		INITIAL SALARY	\$ _____
	REASON FOR SEPARATION		FINAL SALARY	\$ _____

<b>1</b>	COMPANY NAME			
	ADDRESS			
	NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBERS	1.- _____ EXT. _____ 2.- _____ EXT. _____
	EMPLOYMENT PERIOD		FROM DAY _____ MONTH _____ YEAR _____ TO DAY _____ MONTH _____ YEAR _____	
	POSITION HELD		INITIAL SALARY	\$ _____
	REASON FOR SEPARATION		FINAL SALARY	\$ _____

\_\_\_\_\_  
EMPLOYEE SIGNATURE  
(REQUEST ANOTHER SHEET IF DATA EXCEEDS THE FIRST)

\_\_\_\_\_  
(NAME AND SIGNATURE OF TITLE HOLDER) AND/OR (HUMAN RESOURCES SEAL)  
(APPLYING GOVERNMENT INSTITUTION / COMPANY)