**DATOS PERSONALES**

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| **APELLIDO PATERNO** | **APELLIDO MATERNO** | **NOMBRES** |
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**CEDULA DE IDENTIDAD FECHA DE NACIMIENTO ESTADO CIVIL**

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**SEXO NACIONALIDAD LIC. DE CONDUCIR**

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**PROFESIÓN U OFICIO CARGO TELEFONO**

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|  |  |  |
| **CORREO ELECTRONICO** |  | |

**DOMICILIO ACTUAL**

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| **PBL., VILLA, CONDO.** | **CALLE** | **N° CASA** | **COMUNA** |
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| --- | --- | --- | --- | --- |
| **AFP** | **7% SALUD** | **CTA. AHORRO** | **COT. ADICIONAL** | **PACTADO UF** |
|  |  |  |  |  |

**DATOS PREVISIONALES**

**DATOS CONTRATO/ECONOMICOS (COMPLETA EL EMPLEADOR)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TIPO CONTRATO**  (Indefinido, Plazo fijo, Por faena, Honorarios) |  | **FEC. INICO** |  | **FEC.TERMINO** |  |
| **SUELDO LIQUIDO** |  | **COLACIÓN** |  | | |
| **GRATI. LEGAL** |  | **DESGASTE** |  | | |
| **MOVILIZACION** |  | **BONO 1:** |  | | |
| **VIATICO** |  | **BONO 2:** |  | | |

**DATOS CONTRATO/ESPECIFICOS (COMPLETA EL EMPLEADOR)**

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| **JORNADA DE TRABAJO SEGÚN CONTRATO**  (Part-time, Full time, Art. 22) |  | **HORA INICO JORNADA LABORAL** |  | | **HORA TERMINO JORNADA LABORAL** |  |
| **AUTORIZADO SI NO**  **HORAS EXTRAS** | | | **SEGURO COVID-19 SI NO** | | | |
| **Trabajador/a es persona SI NO**  **con situación de discapacidad** | | | | **Trabajador/a es SI NO**  **asignatario de**  **pensión de invalidez** | | |
| **Registro Nacional de la Discapacidad: SI NO** | | | |

**(\*) Documentos para contratación:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Certificado de antecedentes para fines especiales |  | Fotocopia de Licencia de Conducir |
|  | Certificado afiliación AFP, FONASA o ISAPRE |  | Seguro Covid-19 |
|  | Fotocopia Cédula de Identidad ambos lados |  | |
|  | Certificado de Nacimiento |
|  | Certificado de residencia |
|  | Finiquito de término de contrato de trabajo |

**DATOS PERSONALES CARGAS LEGALES**

**NÚMERO DE CARGAS LEGALES: \_\_\_\_\_\_**

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| **APELLIDO PATERNO** | **APELLIDO MATERNO** | **NOMBRES** |
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**CEDULA DE IDENTIDAD FECHA DE NACIMIENTO PARENTESCO**

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| **APELLIDO PATERNO** | **APELLIDO MATERNO** | **NOMBRES** |
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**CEDULA DE IDENTIDAD FECHA DE NACIMIENTO PARENTESCO**

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| **APELLIDO PATERNO** | **APELLIDO MATERNO** | **NOMBRES** |
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**CEDULA DE IDENTIDAD FECHA DE NACIMIENTO PARENTESCO**

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**(\*)** Debe acompañar Certificado de nacimiento y/o matrimonio. Certificado de alumno regular para cargas mayores de 18 años estudiante.

**FORMA DE PAGO**

|  |  |  |  |
| --- | --- | --- | --- |
| **BANCO** |  | **N° CUENTA CORRIENTE** |  |
| **BANCO** |  | **N° CUENTA VISTA** |  |

**ELEMENTOS DE PROTECCION PERSONAL BASICOS**

|  |  |  |
| --- | --- | --- |
| **TALLA GEOLOGO/CHALECO REFLEC.** | **TALLA OVEROL** | **N° CALZADO DE SEGURIDAD** |
|  |  |  |

**REQUERIMIENTO EQUIPOS: (Responda Si ó No, según corresponda)**

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| --- | --- | --- | --- |
| **CORREO CORPORATIVO** | **COMPUTADOR** | **TELEFONO ASIGNADO** | **OTROS (Especificar)** |
|  |  |  |  |

**EMERGENCIA**

|  |  |  |
| --- | --- | --- |
| **N° TELEFONO EMERGENCIA** | **NOMBRE/PARENTESCO** | **ALERGICO A:** |
|  |  |  |

Yo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Declaro que los datos señalados en el presente documento son veraces, completos y conforme a la realidad asumiendo la responsabilidad penal en caso de resultar falsos, de acuerdo a la legislación y código penal vigente.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRMA TRABAJADOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRMA ADM. DE OBRA

JEFATURA DIRECTA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRMA RR.HH