**FORMATO ÚNICO DE HOJA DE VIDA**

Entidad receptora: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATOS PERSONALES**

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| --- | --- | --- | --- | --- |
| Primer apellido | Segundo apellido | | | Nombres |
| Documento de Identidad  C,C C.E PAS | | **Sexo**  M F | **Nacionalidad**  Colombiano Extranjero \_\_\_\_\_\_\_\_\_\_\_\_  País | |
| Libreta Militar  Primera clase Segunda clase Número \_\_\_\_\_\_\_\_\_\_\_\_ D.M \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Fecha y Lugar  Fecha Día \_\_\_\_ Mes \_\_\_\_\_ Año \_\_\_\_\_\_  País \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Departamento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Municipio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Dirección de correspondencia**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  País \_\_\_\_\_\_\_\_\_\_\_ Departamento \_\_\_\_\_\_\_\_\_\_\_\_  Municipio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Teléfono \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**FORMACIÓN ACADÉMICA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Educación Básica y Media  Marque con una X el último grado aprobado   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **EDUCACIÓN BÁSICA** | | | | | | | | | | | **TÍTULO OBTENIDO** | | | **Primaria** | | | | | **Secundaria** | | | | **Media** | | **Fecha de grado** | | **1°** | **2°** | **3°** | **4°** | **5°** | **6°** | **7°** | **8°** | **9°** | **10°** | **11°** | **Mes \_\_\_\_ Año \_\_\_\_** | |
| Educación Superior (Pregrado y Postgrado)  Diligencie este punto en orden cronológico, en modalidad académica escriba:  TC (Técnica) TL (Tecnológica) TE (Tecnológica Especializada) UN (Universitaria)  ES (Especialización) MG (Maestría o Magister) DOC (Doctorado o PHD)  Relacione el número de tarjeta profesional si esta ha sido prevista en alguna Ley   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Modalidad Académica** | **Número de semestres aprobados** | **Graduado** | | **Título obtenido** | **Terminación** | | | | | **Número de Tarjeta Profesional** | | **Sí** | **No** | **Mes** | **Año** | | | | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  | |
| Especifique los idiomas distintos al español que hablar, lee y escribe de forma Regular (R), Bien (B) o Muy Bien (MB)   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Idioma** | **Lo habla** | | | | **Lo lee** | | | **Lo escribe** | | | | **R** | **B** | **MB** | | **R** | **B** | **MB** | **R** | **B** | **MB** | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  | |

**EXPERIENCIA LABORAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Relacione su experiencia laboral en orden cronológico inverso, es decir, comenzando por el empleo más reciente   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Último empleo o Empleo Actual** | | | | | | | | Empresa | | Pública | Privada | País | | | | Departamento | Municipio | | | | Correo electrónico de la empresa | | | Teléfono | Fecha de ingreso  Día \_\_\_ Mes \_\_\_\_\_ Año \_\_\_\_\_\_ | | | | | Fecha de retiro  Día \_\_\_ Mes \_\_\_\_\_ Año \_\_\_\_\_\_ | | Cargo ocupado | Dependencia | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Empleo anterior** | | | | | | | | Empresa | | Pública | Privada | País | | | | Departamento | Municipio | | | | Correo electrónico de la empresa | | | Teléfono | Fecha de ingreso  Día \_\_\_ Mes \_\_\_\_\_ Año \_\_\_\_\_\_ | | | | | Fecha de retiro  Día \_\_\_ Mes \_\_\_\_\_ Año \_\_\_\_\_\_ | | Cargo ocupado | Dependencia | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Empleo anterior** | | | | | | | | Empresa | | Pública | Privada | País | | | | Departamento | Municipio | | | | Correo electrónico de la empresa | | | Teléfono | Fecha de ingreso  Día \_\_\_ Mes \_\_\_\_\_ Año \_\_\_\_\_\_ | | | | | Fecha de retiro  Día \_\_\_ Mes \_\_\_\_\_ Año \_\_\_\_\_\_ | | Cargo ocupado | Dependencia | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Empleo anterior** | | | | | | | | Empresa | | Pública | Privada | País | | | | Departamento | Municipio | | | | Correo electrónico de la empresa | | | Teléfono | Fecha de ingreso  Día \_\_\_ Mes \_\_\_\_\_ Año \_\_\_\_\_\_ | | | | | Fecha de retiro  Día \_\_\_ Mes \_\_\_\_\_ Año \_\_\_\_\_\_ | | Cargo ocupado | Dependencia | | | | |  | |

**TIEMPO TOTAL DE EXPERIENCIA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Indique el tiempo total de experiencia laboral en número de años y meses   |  |  |  | | --- | --- | --- | | **Ocupación** | **Tiempo de experiencia** | | | **Años** | **Meses** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

**FIRMA DEL SERVIDOR PÚBLICO O CONTRATISTA**

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| --- |
| Manifiesto bajo la gravedad del juramento que SÍ NO me encuentro dentro de las causales de inhabilidad e incompatibilidad del orden constitucional o legal para ejercer cargos en empleos públicos o para celebrar contratos de prestación de servicios con la administración pública.  Para todos los efectos legales, certifico que los datos por mí anotados en el presente Formato Único de Hoja de Vida son veraces (Artículo 5º de la Ley 190/95).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma del servidor público o contratista |

**OBSERVACIONES DEL JEFE DE RECURSOS HUMANOS Y/O CONTRATOS**

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| |  | | --- | |  |   Certifico que la información aquí suministrada ha sido constatada frente a los documentos que han sido presentados como soporte.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ciudad y fecha Nombre y firma del jefe de personal o de contratos |