

## **GEA Integral Solutions**

**Application Form** 

First Name and First Last	Name:				
Phone: Social:			Email: Tax ID:		
Work experience:					
Has a vehicle:	Yes	No	Travel Availability:	Yes	No
Night Availability:	Yes	No	Tools and Equipment:	Yes	No
Bank Name:					
Account Number:					
The subcontractor agrees established in the safety m Part 2 Pay The work week starts on F on Monday of the following payment is a holiday paym Part 3 About th	nanual supplie ridays and en g week once th nent will be ma ne Banks	d by the c ds on Thu ne form of ade on the	ompany. Irsdays. Payments are made the foreman is received. In ca		
Travel times will be cancelPart 5OvertiThe overtime will only be part	ime 1.5 baid after accu	mulating 4	elivery of the billing 40 hours in the same project. Irs will be paid as regular hours	If there is no 5.	o continuity
		orking too	Is and have the basic equipme	nt of	