|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | image003   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **FORMATO** | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | FOTO | | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **HOJA DE VIDA** | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **PROCESO DESIGNACIÓN DECANOS** | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **2020 - 2022** | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | I. D A T O S P E R S O N A L E S | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| PRIMER APELLIDO | | | | | | | | | | | | SEGUNDO APELLIDO (O DE CASADA) | | | | | | | | | | | | | NOMBRES | | | | | | | | | | | | | | | |
| SEXO | | | | | | | | | NACIONALIDAD | | | | | | | | | | | PAIS EXTRAJERO | | | | | | DOC. DE IDENTIFICACIÓN PARA NACIONALES | | | | | | | | | | | | | | |
| F |  | M | |  | |  | | | COL |  | DOBLE NAL | |  | | EXTRANJ | |  | |  | CC |  | NIT | |  | | OTRO | |  | NÚMERO | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| LIBRETA MILITAR | | | | | | | | NÚMERO | | | | | | D.M. | | DOCUMENTO DE IDENTIFICACIÓN PARA EXTRANJEROS | | | | | | | | | | | | | | | | | | | | | | | | |
| CLASE | | | 1A | |  | | 2A | C.E. | |  | | | NIT | |  | NÚMERO | | | | | | | PASAPORTE | | | |  | | | NÚMERO | | |
|  | | |  | |  | |  |  | |  | | |  | |  |  | | | |  | | |  | | |
| LUGAR DE NACIMIENTO – MUNICIPIO | | | | | | | | | | | | | | | | | | | | | | DEPARTAMENTO | | | | | | | | | | | PAÍS | | | | FECHA DE NACIMIENTO | | | |
|  | |  |  |
| DÍA | | MES | AÑO |
| DIRECCIÓN DE CORRESPONDENCIA | | | | | | | | | | | | | | | | | | | | | | MUNICIPIO Y DEPARTAMENTO | | | | | | | | | | | PAÍS | | | | TELÉFONOS DE CONTACTO | | | |

|  |  |  |
| --- | --- | --- |
|  | II. F O R M A C I Ó N A C A D É M I C A |  |
| 1. EDUCACIÓN SUPERIOR (PREGRADO Y POSTGRADO)  DILIGENCIE ESTE PUNTO EN ESTRICTO ORDEN CRONOLÓGICO. EN MODALIDAD ACADÉMICA ESCRIBA : "TC" (TÉCNICA), "TL" (TECNOLÓGICA), "TE" (TECNOLÓGICA ESPECIALIZADA), "UN" (UNIVERSITARIA), "ES" (ESPECIALIZACIÓN),"MG" MAESTRÍA O MAGISTER, "DC" (DOCTORADO O PHD). RELACIONE AL FRENTE EL NÚMERO DE LA TARJETA PROFESIONAL (\* SI ÉSTA HA SIDO PREVISTA EN UNA LEY DE CARÁCTER ESTATUTARIO).   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | MODALID.  ACADÉM. | \*SEMEST.  APROBAD. | GRADUADO | | NOMBRE DE LOS ESTUDIOS  O TÍTULO OBTENIDO | NOMBRE ESTABLECIMIENTO  EDUCATIVO | TERMINACION | | | | | No. DE TARJETA  PROFESIONAL \* | | SI | NO | MES | AÑO | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |   \* EN CASO QUE SUS ESTUDIOS SEAN POR MÓDULOS, CRÉDITOS O AÑOS CONVIÉRTALOS A SEMESTRES. | | |
| 2. OTROS ESTUDIOS  RELACIONE : CURSOS, DIPLOMADOS, SIMPOSIOS, TALLERES Y DEMÁS ESTUDIOS QUE PUEDA CERTIFICAR.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **NOMBRE** | **ESTABLECIMIENTO** | **HORAS** | **AÑO** | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | |

|  |  |  |
| --- | --- | --- |
|  | III. P U B L I C A C I O N E S, I N V E S T I G A C I O N E S, L O G R O S E I D I O M A S |  |
| 1. PUBLICACIONES, INVESTIGACIONES Y/O LOGROS LABORALES:   |  | | --- | |  |   2. ESPECIFIQUE LOS IDIOMAS DIFERENTES AL ESPAÑOL QUE : HABLA, LEE Y ESCRIBE DE FORMA, REGULAR, BIEN O MUY BIEN   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **IDIOMA** | **LO HABLA** | | | **LO LEE** | | | **LO ESCRIBE** | | | **OBSERVACIONES** | | **R** | **B** | **MB** | **R** | **B** | **MB** | **R** | **B** | **MB** | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | | |

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | IV. E X P E R I E N C I A L A B O R A L | | | | | | | | | | | | | | |  | | | | | | | | | | |
| TENGA EN CUENTA LAS SIGUIENTES INSTRUCCIONES :  A) RELACIONE SU EXPERIENCIA LABORAL O DE SERVICIOS EN ESTRICTO ORDEN CRONOLÓGICO COMENZANDO POR EL ACTUAL O ÚLTIMO EMPLEO O SERVICIO PRESTADO  B) PARA DEDICACIÓN : TC = TIEMPO COMPLETO MT = MEDIO TIEMPO TP = TIEMPO PARCIAL OD = OTRA DEDICACIÓN (EN ESTE CASO INDIQUE CUÁL)  C) PARA C.R. (CAUSA DEL RETIRO), ESCRIBA EL NUMERO CORRESPONDIENTE DE ACUERDO CON LOS SIGUIENTES MOTIVOS :   |  |  |  | | --- | --- | --- | | 01. TERMINACIÓN DE LA OBRA, DEL PLAZO DEL CONTRATO O VENCIMIENTO DEL PERÍODO | 05. CESE DE ACTIVIDADES DEL EMPLEADOR POR MÁS DE 120 DIAS | 09. REVOCATORIA O NULIDAD DEL NOMBRAMIENTO | | 02. JUSTA CAUSA POR PARTE DEL EMPLEADOR O INCUMPLIMIENTO DEL CONTRATISTA | 06. ABANDONO DEL CARGO | 10. JUBILACIÓN O PENSIÓN DE INVALIDEZ | | 03. JUSTA CAUSA POR PARTE DEL TRABAJADOR O INCUMPLIMIENTO DEL CONTRATANTE | 07. DECISIÓN UNILATERAL O DECLARACIÓN DE INSUBSISTENCIA | 11. RENUNCIA VOLUNTARIA | | 04. CLAUSURA DEFINITIVA DEL ESTABLECIMIENTO O SUPRESIÓN DEL CARGO | 08. SENTENCIA EJECUTORIADA | 12. POR MUTUO ACUERDO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLEO ACTUAL O CONTRATO VIGENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPRESA O ENTIDAD | | | | | | | | | | | | | | PÚBLICA | | | | PRIVADA | | | | | | | PAÍS | | | | | |
|  | | | |  | | | | | | |
| DEPARTAMENTO | | | | | | | | | MUNICIPIO | | | | | | | | | | | DIRECCIÓN | | | | | | | | | | |
| TELÉFONOS | | FECHA DE INGRESO | | | | | | | | | TIEMPO DE SERVICIO | | | | | | DEDICACIÓN | | | | | | | | | | ESPECIFIQUE “OD” | | | |
|  | | |  | |  | | | |  | | |  |  | | TC |  | MT |  | TP | | |  | OD |  |
| DÍA | | | MES | | AÑO | | | | AÑOS | | | MESES | DÍAS | |  | | | | | | | | | |
| CARGO O CONTRATO ACTUAL | | | | | | | DEPENDENCIA | | | | | | | | | TIPO DE ACTIVIDAD | | | | | | | | | | | | | | |
| ACADÉMICA | | | | | |  | ADMINISTRATIVA | | | | |  |  | |
|  | | | | | |  |  | | | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLEOS O CONTRATOS ANTERIORES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPRESA O ENTIDAD | | | | | | | | | | | | | | PÚBLICA | | | | PRIVADA | | | | | | | PAÍS | | | | | |
|  | | | |  | | | | | | |
| DEPARTAMENTO | | | | | | | | | MUNICIPIO | | | | | | | | | | | DIRECCIÓN | | | | | | | | | | |
| TELÉFONOS | FECHA DE INGRESO | | | | | FECHA DE RETIRO | | | | | | | TIEMPO DE SERVICIO | | | | DEDICACIÓN | | | | | | | | | | ESPECIFIQUE “OD” | | | |
|  |  | |  |  | |  | | | |  | |  |  |  |  | | TC |  | MT |  | TP | | |  | OD |  |
| DÍA | | MES | AÑO | | DÍA | | | | MES | | AÑO | AÑOS | MESES | DÍAS | |  | | | | | | | | | |
| CARGO DESEMPAÑADO O CONTRATO | | | | | | | | DEPENDENCIA | | | | | | | C.R. | | | | | TIPO DE ACTIVIDAD | | | | | | | | | | |
| ACADÉMICA | | | |  | ADMINISTRATIVA | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPRESA O ENTIDAD | | | | | | | | | | | | | | PÚBLICA | | | | PRIVADA | | | | | | | PAÍS | | | | | |
|  | | | |  | | | | | | |
| DEPARTAMENTO | | | | | | | | | MUNICIPIO | | | | | | | | | | | DIRECCIÓN | | | | | | | | | | |
| TELÉFONOS | FECHA DE INGRESO | | | | | FECHA DE RETIRO | | | | | | | TIEMPO DE SERVICIO | | | | DEDICACIÓN | | | | | | | | | | ESPECIFIQUE “OD” | | | |
|  |  | |  |  | |  | | | |  | |  |  |  |  | | TC |  | MT |  | TP | | |  | OD |  |
| DÍA | | MES | AÑO | | DÍA | | | | MES | | AÑO | AÑOS | MESES | DÍAS | |  | | | | | | | | | |
| CARGO DESEMPAÑADO O CONTRATO | | | | | | | | DEPENDENCIA | | | | | | | C.R. | | | | | TIPO DE ACTIVIDAD | | | | | | | | | | |
| ACADÉMICA | | | |  | ADMINISTRATIVA | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPRESA O ENTIDAD | | | | | | | | | | | | | | PÚBLICA | | | | PRIVADA | | | | | | | PAÍS | | | | | |
|  | | | |  | | | | | | |
| DEPARTAMENTO | | | | | | | | | MUNICIPIO | | | | | | | | | | | DIRECCIÓN | | | | | | | | | | |
| TELÉFONOS | FECHA DE INGRESO | | | | | FECHA DE RETIRO | | | | | | | TIEMPO DE SERVICIO | | | | DEDICACIÓN | | | | | | | | | | ESPECIFIQUE “OD” | | | |
|  |  | |  |  | |  | | | |  | |  |  |  |  | | TC |  | MT |  | TP | | |  | OD |  |
| DÍA | | MES | AÑO | | DÍA | | | | MES | | AÑO | AÑOS | MESES | DÍAS | |  | | | | | | | | | |
| CARGO DESEMPAÑADO O CONTRATO | | | | | | | | DEPENDENCIA | | | | | | | C.R. | | | | | TIPO DE ACTIVIDAD | | | | | | | | | | |
| ACADÉMICA | | | |  | ADMINISTRATIVA | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **ACTIVIDADES PARTICULARES** | | |
| A) RELACIONE LAS ACTIVIDADES PARTICULARES QUE HA DESARROLLADO O DESARROLLA ACTUALMENTE, QUE ACUMULEN SEMANAS DE SERVICIO PARA EFECTOS PENSIONALES | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **CLASE DE ACTIVIDAD** | **NOMBRE DE LA ENTIDAD** | **SECTOR PÚBLICO** | **SECTOR PRIVADO** | **TIEMPO DE SERVICIO** | | | **No. AÑOS** | **MESES** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   MKFKFJDKSDJFKAMFDKMFDK | | |
| B) RELACIONE LAS ACTIVIDADES PARTICULARES QUE HA DESARROLLADO O DESARROLLA ACTUALMENTE, ESTANDO VINCULADO SIMULTÁNEAMENTE CON UNA ENTIDAD PÚBLICA O PRIVADA   |  |  |  |  | | --- | --- | --- | --- | | **CLASE DE**  **ACTIVIDAD** | **NOMBRE DE LA**  **ENTIDAD** | **SECTOR**  **PÚBLICO** | **SECTOR**  **PRIVADO** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | |
|  | V. T I E M P O T O T A L D E E X P E R I E N C I A Y S I T U A C I Ó N L A B O R A L |  |
| INDIQUE EL TIEMPO TOTAL DE SU EXPERIENCIA LABORAL EN NÚMERO DE AÑOS, MESES Y DÍAS, QUE RESULTA DE SUMAR LAS VINCULACIONES LABORALES EN EL SECTOR PÚBLICO, PRIVADO O COMO TRABAJADOR INDEPENDIENTE, RESPECTIVAMENTE, Y SI SE ENCUENTRA VINCULADO O NO. | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **OCUPACIÓN** | **TIEMPO DE EXPERIENCIA** | | | **VINCULADO** | |  | INDIQUE EL NOMBRE DE LA ÚLTIMA ENTIDAD PÚBLICA (ESTATAL U OFICIAL) EN LA QUE LABORÓ | | **AÑOS** | **MESES** | **DIAS** | **SI** | **NO** |  | O LABORA COMO SERVIDOR PÚBLICO O CONTRATISTA DE PRESTACIÓN DE SERVICIOS | | SERVIDOR PÚBLICO |  |  |  |  |  |  |  | | EMPLEADO DEL SECTOR PRIVADO |  |  |  |  |  |  |  | | TRABAJADOR INDEPENDIENTE O POR CUENTA PROPIA |  |  |  |  |  |  |  | | **TOTAL TIEMPO DE EXPERIENCIA** |  |  |  |  |  |  |  | | | |

|  |  |  |
| --- | --- | --- |
|  | VI. I N H A B I L I D A D E S E I N C O M P A T I B I L I D A D E S |  |
| MANIFIESTO BAJO LA GRAVEDAD DEL JURAMENTO QUE SÍ \_\_\_\_ NO \_\_\_\_ ME ENCUENTRO INCURSO DENTRO DE LAS CAUSALES DE INHABILIDAD E INCOMPATIBILIDAD DEL ORDEN CONSTITUCIONAL OLEGAL, PARA EJERCER CARGOS O EMPLEOS PÚBLICOS O PARA CELEBRAR CONTRATOS DE PRESTACIÓN DE SERVICIOS CON LA ADMINISTRACIÓN PÚBLICA (ARTÍCULO 1o. DE LA LEY 190 DE 1995).   |  | | --- | | OBSERVACIONES: | | | |
|  | VII. F I R M A D E L A S P I R A N T E O C A N D I D A T O |  |
|  | | |
| CERTIFICO QUE LOS DATOS ANOTADOS EN EL PRESENTE FORMATO  DE HOJA DE VIDA, SON VERACES.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA | | |