



Application for Employment

Please Print

AN EQUAL OPPORTUNITY EMPLOYER

Name (Last) (First) (Middle)

Mailing Address: City State Zip Home Phone No.

Physical Address, If different: City State Zip Alternate Phone No.

Social Security Number Can you upon employment provide proof that you are either a U.S. citizen or an alien who has the legal right to work in the job for which you are applying? Yes No

Have you ever been convicted of a felony? If yes, where, when and nature of offense? Yes NO

EMPLOYMENT DESIRED

Full Time Part Time Date Available: Position Applying For:

EDUCATION AND ACHIEVEMENT

	School	Location	Date (Mo./Yr.)		Degree Type Yr. Rec'd	Grade Point Ave.
			From	To		
High School or GED						
College or Other						

Other Job Related Courses, Seminar, or Specialized Training:

Personal Achievements: Describe below any significant personal activities or accomplishments in high school, college, the military community affairs, etc. which you believe may be an indication of your job-related abilities.

Indicate proficiencies in foreign languages:

Do you have a license to drive on Guam? Yes No Type of license? Chauffeurs Driver's

SERVICE IN UNITED STATES ARMED FORCES

Branch and Organization	Date Entered	Highest Rank or Rating	Date Discharged

Job related training received during military service:

NOTE: Regulations issued by the U.S. department of Labor with respect to handicapped individuals, special disabled veterans, and Vietnam era veterans, require that federal contractors provide a self-identification opportunity to candidates seeking employment. Such self-identification and any information provided by the applicant is submitted a) on a voluntary basis, b) on a confidential basis, c) for use only in accordance with regulations, and d) without subjecting the individual to reverse treatment. If you wish to be identified, please indicate by placing your initials in the appropriate space and attach any relevant information you wish to submit.

Handicapped Individual _____ Special Disabled Veteran _____ Vietnam Era Veteran _____

Note: INCOMPLETE APPLICATION WILL NOT BE CONSIDERED AND WILL BE DISMISSED

Employment and Business Experience				
Company		Address (Street, City, State, and Zip Code)		Type of Business
Position	Hours Per Week	Department		Supervisor
Starting Date	Starting Salary	Date Left	Last Salary	Reasons for leaving
Duties and Major Accomplishments:				
Company		Address (Street, City, State, and Zip Code)		Type of Business
Position	Hours Per Week	Department		Supervisor
Starting Date	Starting Salary	Date Left	Last Salary	Reasons for leaving
Duties and Major Accomplishments:				
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Position	Hours Per Week	Department		Supervisor
Starting Date	Starting Salary	Date Left	Last Salary	Reasons for leaving
Duties and Major Accomplishments:				
REFERENCES (List three below, preferably business)				
Name in Full	Telephone #	Firm Name	Street Address, City, State, and Zip Code	

I certify that the above information is true and complete to the best of my knowledge, without omission of any consequence. I agree that any misrepresentation, false statement, or omission, made by me with respect to the information contained in the application shall be sufficient cause to terminate my employment. I agree that any offer of employment, and acceptance thereof, does not constitute a binding contract of any length, and that such employment is terminable at the will of either party, subject to applicable state and/or federal laws. I also authorize you to solicit reports from previous employers, schools, personal and other references, and law enforcement agencies (if I have been convicted of a felony). No effort will be made to contact my present employer unless I have authorized by initialing the following. _____

I further recognize that employment is subject to our receiving satisfactory reports from all references solicited and original documents specified by the federal government establishing my identity and authorization for employment and sign Form I-9. Employment Eligibility Verification under perjury that documents presented are genuine and related to me.

Signature of Applicant: _____

Date: _____