



EMPLOYMENT APPLICATION

GOVERNMENT OF GUAM

WE ARE AN EQUAL

OPPORTUNITY EMPLOYER

OFFICIAL USE ONLY - REQUIRED DOCUMENTS

Accepted By (Print Name & Initial):

Date: _____ Agency Applied For: _____
 Driver's License Y N N/A
 Type: _____ State: _____ Exp. Date: _____
 H.S. Diploma/GED Y N N/A
 College Transcript Y N N/A
 Police Clearance Y N N/A
 Court Clearance Y N N/A
 Other: _____ Y N
APPLICATION # : _____ **OS #:** _____

APPLICATION INSTRUCTIONS: Give full and complete information. For questions which do not apply to you, please write "N/A" (Not Applicable). Your Social Security Number is necessary to maintain proper identification of your records. Refer to the page entitled "GENERAL INSTRUCTIONS & INFORMATION" for further information.

1. POSITION APPLIED FOR:	2. JOB ANNOUNCEMENT NO.:	3. LOWEST SALARY ACCEPTABLE:
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4. NAME: Last _____ First _____ Middle _____	5. SOCIAL SECURITY NO.:
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6. MAILING ADDRESS: P.O. Box or Street Number _____ City _____ State _____ Zip Code _____

7. HOME ADDRESS: Street Number _____ City _____ State _____ Zip Code _____
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8. TELEPHONE NO.: Home _____ Work: _____ Fax _____ E-mail: _____
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9. EDUCATION: Please check and indicate all of your formal educational accomplishments:

High School Graduate - School: _____ Year Graduated: _____
 Location: _____

Completed G.E.D. - School: _____ Year Graduated: _____
 Location: _____ Certificate No.: _____

Indicate Last Grade Completed in High School (circle one): 9th 10th 11th
 School: _____

Name and Location of College/University	Dates of Attendance		Credit Hrs. Completed		Course of Study	Type of Degree	Year Earned
	From	To	Sem.	Qtr.			
Major Undergraduate Courses	Sem. Hrs.	Qtr. Hrs.	Major Graduate College Courses		Sem. Hrs.	Qtr. Hrs.	

10. LIST MANUALS, EQUIPMENT, LICENSES, SPECIAL TRAINING, AND/OR CERTIFICATES PERTINENT TO THE POSITION APPLIED FOR:

11. WORK EXPERIENCE

This portion must be accurate and complete. Please be as detailed as possible to obtain full credit for your work experience. Applications lacking sufficient information may be rejected. Under A, please indicate whether it is your PRESENT OR LAST EMPLOYER IF NOT CURRENTLY EMPLOYED. **List your entire work history, including part-time, volunteer and detail appointments. List jobs in order by starting with your present job, or last job if you are unemployed. List each promotion as a separate job. Duties should include most difficult or most important responsibilities, and/or most significant accomplishments in the position held, to include percentage of time spent.** Supervisory experience is a combination of subject matter knowledge and skills and/or managerial abilities related to getting the work done through other people.

A. NAME OF EMPLOYER/MAILING ADDRESS (Check one:) <input type="checkbox"/> Present or <input type="checkbox"/> Last Employer	Telephone No.: Immediate Supervisor:	From: mo. _____ day _____ year To: mo. _____ day _____ year HRS. WORKED PER WEEK:
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Position Title:	Salary:	Reason for Leaving:
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Type of Business (i.e. construction)	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

B. NAME OF FORMER EMPLOYER/MAILING ADDRESS	Telephone No.: Immediate Supervisor:	From: mo. _____ day _____ year To: mo. _____ day _____ year HRS. WORKED PER WEEK:
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Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

C. NAME OF FORMER EMPLOYER/MAILING ADDRESS	Telephone No.: Immediate Supervisor:	From: mo. _____ day _____ year To: mo. _____ day _____ year HRS. WORKED PER WEEK:
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Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

11. WORK EXPERIENCE (con't)

D. NAME OF FORMER EMPLOYER/ MAILING ADDRESS:	Telephone No.:	From: mo. _____ day _____ year
	Immediate Supervisor:	To: mo. _____ day _____ year HRS. WORKED PER WEEK:

Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

E. NAME OF FORMER EMPLOYER/ MAILING ADDRESS	Telephone No.:	From: mo. _____ day _____ year
	Immediate Supervisor:	To: mo. _____ day _____ year HRS. WORKED PER WEEK:

Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

F. NAME OF FORMER EMPLOYER/ MAILING ADDRESS:	Telephone No.:	From: mo. _____ day _____ year
	Immediate Supervisor:	To: mo. _____ day _____ year HRS. WORKED PER WEEK:

Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

IMPORTANT INFORMATION
PLEASE READ BEFORE SIGNING THIS APPLICATION

Job Application: The job application you submit is considered current for one year from the date the eligibility list is established. **IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGES TO YOUR ADDRESS OR TELEPHONE NUMBER.**

Evaluation Methods: To determine your qualifications for the position which you are applying, job related tests designed to reveal your capacity to successfully perform the duties of the position are utilized. Most positions require an evaluation of your application to determine your qualification based on a rating of your education and experience. Additional examinations such as a written and a performance test may be required depending on the particular job requirements of the position. The top eligibles will be referred for employment consideration for each vacancy subject to the Personnel Rules and Regulations of the respective department or agency. If a selection interview is required, you will be notified. Failure to submit to employment examination requirements will result in an ineligible rating.

Drug Screening: Upon selection for employment into the Government of Guam, you must take and pass urinalysis testing for illegal use of drugs. In addition, government employees are subject to their respective Drug-Free Work Place Program requirements. Failure to submit to drug testing will result in immediate disqualification or disciplinary action.

Pre-Employment Medical Examination: All applicants accepting employment with the government must take and pass a pre-entry physical examination as a condition of employment or continued employment. Applicants accepting employment with educational institutions and/or agencies requiring health clearance must take and pass a pre-entry and annual Tuberculosis Test as a condition of employment. All applicants/employees are responsible for all expenses incurred for this examination. Failure to satisfactorily meet or complete the specific requirements of the examination may result in your disqualification for or termination from employment.

Background Investigation: When you sign this job application, you authorize the government to seek and obtain information regarding your suitability for employment. All factors which are job related may be investigated (e.g., previous employment, educational credentials, and criminal record). All information obtained may be used to determine your eligibility for employment in accordance with equal employment opportunity guidelines. In addition, when you sign this application, you release previous employers and job related sources from legal liability for the information they provide.

Probationary Period: If you are selected for permanent appointment to a classified position, you must initially undergo a probationary period subject to the Personnel Rules and Regulations of your respective department or agency. All temporary or Limited Term employees do not serve a probationary period and are subject to termination at will.

17. APPLICANT STATEMENT

(ATTENTION: Read the following certification and agreement before signing this application.)

I, _____, hereby certify that all statements made on this application are true, complete,
(PRINT NAME)
and correct to the best of my knowledge. I understand that any false or dishonest answer to any question on this application may be grounds for rating me ineligible for employment or for dismissing me after an appointment. I hereby authorize the use of my social security number for the purpose of record keeping and authorize any investigation of all statements made, my personal history, including checks of fingerprints, police records and former employers and all other information as deemed necessary to make a proper employment decision. I hereby release previous employers/related sources from legal liability for information they provide regarding my suitability for employment with the Government of Guam.

SIGNATURE OF APPLICANT (sign in blue/black ink)

DATE

18. PERSONAL CONTACT

(Optional: In the event that we are unable to contact you, please give two names for reference.)

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP