



Guam Medical Plaza Suite 101, 633 Carlos Camacho Rd., Tamuning, GU 96913 * Tel: (671) 646-3855 * Fax: (671) 646-3854

EMPLOYMENT APPLICATION

Please print in black or blue ink. Application must be completed and attached a resume.

Position Applied for: _____ Date: _____

APPLICANT INFORMATION

Full Name: _____

Home Address: _____

City State Zip Code

Mailing Address: _____

City State Zip Code

Home Phone: _____ Cell Phone: _____ Other: _____

E-mail Address: _____

Are you authorized to work and remain in the United States? Yes No

If Yes, Explain: _____

Date Available to Work: _____ Do you have a valid driver's license? _____

Preferred Work Schedule: Full Time Part Time Days/Hours Available: _____

Note: Work schedules are based upon the needs of the company and may be subject to change on a weekly basis.

Were you ever discharged or forced to resign from any position? Yes No

If Yes, Explain: _____

Have you ever applied with this company before? Yes When? _____ No

Have you ever been employed with this company before? Yes When? _____ No

How were you referred? Advertisement Employment Agency Walk-in

Current Employee: _____ Other: _____

Are you currently employed? Yes No May we contact your current employer? Yes No

Current Employer: _____ Supervisor's Name: _____

E-mail Address: _____ Telephone: _____



Guam Medical Plaza Suite 101, 633 Carlos Camacho Rd., Tamuning, GU 96913 * Tel: (671) 646-3855 * Fax: (671) 646-3854

EMPLOYMENT HISTORY

Begin with your current or most recent employer, including U.S. Military Service.

Name of Company: _____ Address : _____ Telephone & Fax Number: _____

From: _____ To: _____ Job Title: _____ Supervisor: _____

Reason for leaving: _____

Name of Company: _____ Address: _____ Telephone & Fax Number: _____

From: _____ To: _____ Job Title: _____ Supervisor: _____

Reason for leaving: _____

Name of Company: _____ Address: _____ Telephone & Fax Number: _____

From: _____ To: _____ Job Title: _____ Supervisor: _____

Reason for leaving: _____

EDUCATION

College: _____ Degree: _____

Address: _____

From: _____ To: _____ Did you graduate? Yes No Years Completed: _____

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Training, Apprenticeships, Licenses or skills: _____

Have you received any job-related training in the United States Military? Yes No

If yes, please give date(s) and explanation. _____

REFERENCES

Name	Address	Telephone	Job title	Years Known



Guam Medical Plaza Suite 101, 633 Carlos Camacho Rd., Tamuning, GU 96913 * Tel: (671) 646-3855 * Fax: (671) 646-3854

AUTHORIZATION

I certify that the information contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Applicant Signature: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE

REFERENCE VERIFICATION

Name of Reference	Comments

Verified By: _____ Position: _____ Date: _____

INTERVIEW ASSESSMENT

General Remarks: _____

Personality: _____ Character: _____
Neatness: _____ Ability: _____

Interviewed by: _____ Position: _____ Date: _____

EMPLOYMENT OFFER

Start Date/Date of Hire	Department	Job Title	Salary

Approved By: _____ Position: _____ Date: _____