



Suite 101, Guam Medical Plaza 633 Gov. Carlos Camacho Rd., Tamuning, GU 96913

EMPLOYMENT APPLICATION

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

Position Applied for: _____ Date: _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City State Zip Code

Mailing Address: _____

City State Zip Code

Home Phone: _____ Cell Phone: _____ Other: _____

E-mail Address: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Date Available to Work: _____ Desired Salary: _____

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.

Are you currently employed? Yes No

May we contact your present employer for references? Yes No

Current Employer: _____

Address: _____ Telephone: _____

Supervisor: _____ E-mail: _____

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 _____

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: _____	Salary Rate: _____
Reason for leaving: _____		

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From: _____ To: _____	Job Title: _____	Salary Rate: _____
Reason for leaving: _____		

EDUCATION

High School: _____	Address: _____
From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Years Completed: _____

College: _____	Address: _____
From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____

Other: _____	Address: _____
From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____

Other: _____	Address: _____
From: _____ To: _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____

Training, Apprenticeships, Licenses or skills: _____

Have you received any job-related training in the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give date(s) and explanation. _____

REFERENCES

Name	Address	Telephone	Job title	Years Known

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: _____