

GOVERNMENT OF GUAM
EMPLOYMENT APPLICATION

GENERAL INSTRUCTIONS & INFORMATION

SUBMITTING YOUR APPLICATION

Complete this application by printing in black/blue ink or typing. If additional space is needed, continue on item #12, or a separate sheet(s) may be attached. If you wish to submit a RESUME, your resume must contain all of the required information under item #11, Work Experience Section, for each work described. Resumes not in compliance may be considered incomplete. **WE WILL ONLY ACCEPT APPLICATIONS ORIGINALLY FORMATTED BY THE GOVERNMENT OF GUAM. You must submit an application for each currently announced position you are applying for with your original signature. Your application is non-transferable.** All applications being submitted must comply with the deadline stated on the JOB ANNOUNCEMENT.

RATING PROCESS

The contents of the employment application and other substantiating documents will be thoroughly reviewed to determine if you meet the minimum qualification requirements of the position. Under the Work Experience Section, item #11, be sure to include all your work experience in order to help us evaluate your qualifications. Volunteer work and employment in the military service on a part-time basis as well as work experience in a detailed capacity will be credited based on their own merits. You may be rated ineligible if you do not provide sufficient information and/or supporting documents. **Submission of new information on education and/or work experience after an eligibility list is established is prohibited. If certified for employment consideration, you will be required to fill out a ASuitability Determination@ form.**

NOTIFICATION OF RESULTS

Your employment application is part of an examination process. Your employment application will be evaluated and rated. An incomplete employment application will result in an ineligible rating. You may be scheduled for additional examinations depending on the position requirements. The results will be mailed to you. **IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGES TO YOUR ADDRESS OR TELEPHONE NUMBER.**

REQUIRED DOCUMENTS

To validate credentials you may claim, (e.g. High School Diploma, College Transcript, DD-214), **an original or certified copy of the document(s) must accompany the application.** Failure to provide proof may result in your disqualification. Additionally, please refer to the specific job announcement for all other required documents needed.

HANDBOOKS AND STUDY GUIDES

An Applicant Handbook describing the application process and Study Guides for written examinations are available upon request at the January 19, 2000 Department of Administration or the respective department or agency .

U.S. MILITARY PREFERENCE POINTS

As a member of the Armed Forces of the United States or the Guam Police Combat Patrol, you are entitled to claim five preference points, if you have completed at least 180 consecutive days of active duty and received an honorable discharge. **To claim the points, you must fill out a APreference Points@ request form** and provide your DD-214, which indicates your service dates and character of service. To claim an additional five (5) points for disability, you must provide a letter from the U.S. Veteran's Administration or the Department of Veteran's Affairs, which specifically states that you are entitled to Civil Service Preference for a service connected disability. If eligible for any of the preference points, the points will be added to your passing final earned rating. Preference points are only awarded for initial employment.

PREFERENCE POINTS FOR PERSONS WITH DISABILITIES

As a person with a disability, you are entitled to claim five preference points, if you are certified with a disability. **To claim the points, you must fill out a APreference Points@ request form** and provide a certification letter from the Department of Public Health and Social Services. Preference points are only awarded for initial employment.

PREFERENTIAL HIRE STATUS

As a recipient of a educational loan or merit scholarship, you are entitled to first offer of employment in accordance with Public Law 15-127. To claim preferential hire, you must submit your eligibility letter from the University of Guam Financial Aid Office, along with your job application. Preference hiring is only awarded for initial employment.

WORK ELIGIBILITY

U.S. citizens may apply for all Government of Guam jobs. Non U.S. citizens, such as U.S. Permanent Residents, citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply for employment in MOST GovGuam jobs. Please consult the job announcement for any specific requirement. Public Law 99-603 (8 USC Section 1324A) requires the Government of Guam to verify your identity and work eligibility. When offered a position, you will be required to provide proof of identity and eligibility for employment in the United States. The following are valid documents of proof, one document from column A, **OR** one document each under column B **AND** C:

<u>COLUMN A</u>	OR	<u>COLUMN B</u>	AND	<u>COLUMN C</u>
! U.S. Passport		! Government of Guam I.D. Card		! Green Card
! Naturalization Card		! Driver's License		! Original Social Security Card
		! Other Proof of Work Eligibility		

If you have any questions, please contact the Guam Memorial Hospital Authority-Human Resources Department
Mailing Address: #850Gov Carlos Camacho Road Tamuning, Guam 96916 Telephone number(s): (671) 647-2171
Fax number: (671) 646-9215 Text telephone no. E-Mail: liz.claros@gmha.org



GOVERNMENT OF GUAM
VOLUNTARY DATA RECORD SURVEY
(EQUAL EMPLOYMENT OPPORTUNITY DATA)

The purpose of this form is to monitor the Affirmative Action and Equal Employment Opportunity representation within our diverse community. We are seeking your assistance to help us in this effort by accurately completing this form. Your cooperation is completely voluntary. The information is for data purposes only and will be maintained in a confidential file separate from your application. It will not be used to make a decision regarding your application for employment. This form will be detached prior to the examination process.

1. **POSITION TITLE APPLIED FOR:**

2. **JOB ANNOUNCEMENT NO.:**

DATE:

3. **CITIZENSHIP:**

- | | |
|---|---|
| <input type="checkbox"/> U.S. | <input type="checkbox"/> Republic of Marshall Islands |
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Republic of Palau |
| <input type="checkbox"/> Federated States of Micronesia | <input type="checkbox"/> Other: _____ |

4. **HOW DID YOU LEARN OF THE JOB WHICH YOU ARE APPLYING?**

- Job Information Bulletin Board, Government Agency. Specify _____
- Department of Administration, Division of Personnel Management Job Information Count
- One Stop Career Center, Department of Labor
- Job Announcement. Specify where seen: _____
- Newspaper Announcement. Specify _____
- Relative, Friend, or Government Employee
- Other. Specify: _____

5. **SEX**

- Male
- Female

6. **DATE OF BIRTH:**

_____ / _____ / _____
 month / day / year

7. **ETHNIC ORIGIN:**

- Non-Resident Alien. Specify Country _____
- Black, Non-Hispanic
- American Indian or Alaskan Native
Specify: _____
- Asian or **Pacific Islander**. Specify: _____
- Hispanic
- Other. Specify: _____
- Race / Ethnicity Unknown

8. **ETHNIC GROUP:**

- Asian Indian
- Carolinian
- Chamorro
- Chinese
- Filipino
- Japanese
- Korean
- Micronesian
- Thai
- Vietnamese
- Other

9. **MARITAL STATUS**

- Single
- Married

The Government of Guam does not discriminate on the basis of sex, race, religion, disability unrelated to job requirements, national or ethnic origin, age, or citizenship status in any employment decision or any other term, condition, or privilege of employment. Guam law also prohibits discrimination on the basis of marital status and political affiliation.



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

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

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

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	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
------------------------	----------------	---------------------------

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
------------------------	----------------	---------------------------

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:	%

11. WORK EXPERIENCE (con't)

G. 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:
------------------------	----------------	----------------------------

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:	%

H. 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:	%

I. 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:	%

11. WORK EXPERIENCE

J. 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:	%

K. 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:
------------------------	----------------	----------------------------

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:	%

L. 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:
------------------------	----------------	----------------------------

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**

Evaluation Methods: To determine the 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 for 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 that 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, 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

Government of Guam
SUITABILITY DETERMINATION

Name:	Social Security Number:	Agency:	Position Applied For:
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The following information will be used to determine your suitability for employment. Convictions, dismissals from employment, or dishonorable separations from military service do not mean automatic disqualification. In determining employment suitability, we will evaluate the circumstances of each individual case, keeping in mind the requirements of the position being applied for.

1. DISMISSAL FROM EMPLOYMENT/DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past seven years, were you:

● Discharged (fired) from employment for any reason?

YES NO

●

Asked to resign (quit) after being informed that your employer intended to discharge (fire) you for any reason?

YES NO

● Separated from military service under conditions other than honorable?

YES NO

If yes to any of the questions above, please give:

Employer's Name/Address:

Date of Action: _____ Reason in Each Case:

2. CONVICTION FOR VIOLATION OF LAW

● Have you been convicted of a violation of law (e.g., felony, misdemeanor, etc.)?

YES NO

Note: In answering this question, you need NOT report the following:

- 1) Arrests not followed by convictions
- 2) Convictions which were annulled or expunged
- 3) Offense for which you were tried as a minor or juvenile

● Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State/Government of Guam or the federal government by force or violence?

YES NO

If "yes" to any of the above, you must submit a police clearance and provide an explanation including dates and circumstances surrounding the incident. Also, in the case of a conviction, indicate the type of penalty imposed.

3. FAMILY MEMBERS IN THE GOVERNMENT

Does this agency currently employ, in any capacity, any immediate member of your family?

YES NO

If "yes", please list the name(s), relationship, and position title. (The purpose of this question is to avoid violation of the Nepotism Rule, or related statutes, whereby spouses and persons within the first degree of "blood relationship" may not be employed in the same department or agency in a supervisor-subordinate relationship and where two or more family members under the same household are prohibited; exception to this rule may be made for the good of the government service.)

NAME	RELATIONSHIP	POSITION TITLE

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 after an appointment.

SIGNATURE OF APPLICANT (sign in blue/black ink)

DATE

