

**GUAM MEMORIAL HOSPITAL AUTHORITY
EMPLOYMENT APPLICATION**

Revised: 12/2020

PLEASE READ - GENERAL INSTRUCTIONS & INFORMATION

1. SUBMITTING YOUR APPLICATION - Your application and attachments must be received only at the Human Resources Office identified below. Please type or print legibly in blue or black ink. If additional space is needed, continue on item #12. 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 or applications not in compliance may be rejected. **You must submit an application for each currently announced position that you are applying for with your original signature.** All applications being submitted must comply with the deadline stated on the JOB ANNOUNCEMENT. Your application and supporting documents are confidential and become our property. Please keep copies for your own record. The information you submit on this form may be verified. **The government of Guam is an equal opportunity employer and complies with applicable local and federal laws relating to employment practices (see Voluntary Data Record Survey – Form A3).**

2. REQUIRED SUPPORTING DOCUMENTS - To validate credentials you may claim, (e.g. High School Diploma, College Transcript), an original or verified copy of the document must accompany your application. Failure to provide proof may result in your disqualification. Refer to the specific job announcement for all required documents needed. **If recommended for selection, your job offer is conditional pending satisfactorily meeting all pending reference/background checks pursuant to the Fair Chances Hiring Process Act (PL 34-22) and other administrative clearance requirements (e.g., drug test, TB skin test, Appointing Authority approval, and employee in-processing).**

3. CLAIMING PREFERENCE POINTS - **A.** If you are or a former member of the Guam Police Combat Patrol, or a graduate of the POST Commission Academy, you are entitled to claim five (5) preference points. In addition, you may claim five (5) preference points if you are a veteran of the Armed Forces of the United States and completed at least 180 cumulative days of active duty and received other than a dishonorable discharge. **To claim the points, you must fill out a Preference Points Request Form – Form A2 and provide your certification letter or a DD-214 (Member 4) or other proof of military service if you are a veteran. To claim an additional five (5) points as a disabled veteran, 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.** **B.** If you are a person with a disability, you are entitled to claim five preference points if you are certified with a disability and can efficiently and safely work. **To claim the points, you must fill out the Preference Points Request Form – Form A2 and provide a certification letter from the Director of Public Health and Social Services.** If eligible for any of the preference points, the points will be added to your passing final earned rating.

4. CLAIMING PREFERENTIAL HIRE – GMHA recognizes the preferential hiring law to the extent that eligible candidates are given priority certification. To claim preferential hire, you must attach your eligibility letter from the University of Guam Financial Aid Office and complete item #14 on the employment application form. Preferential hiring is recognized for initial government employment only. Declining an initial government job offer will result in the removal of preferential hire status.

5. EXAMINATION PROCESS - The contents of your employment application and supporting documents will be used to determine if you meet the minimum experience and training requirements of the position. An evaluation of your experience and education is conducted to determine your eligibility for a position, unless additional examinations are required as stated in the job announcement. **Under item #11, Work Experience section, be sure to completely describe and include all of your work experience so that we can accurately determine your eligibility for the position.** Promotions, volunteer work and employment in the military service on a part-time basis, as well as work experience in a temporary assignment will be credited based on their own merits. You may be rated ineligible if you do not provide complete information and/or supporting documents. Submission of new information on education and/or work experience after the job announcement closes is prohibited. Requests for administrative review must be timely and will be addressed accordingly. Only job applications that are signed and dated will be officially accepted.

6. NOTIFICATION OF EVALUATION/EXAMINATION RESULTS - A “Notice of Rating” regarding your eligibility for the position will be mailed or emailed to you after the evaluation process or upon completing all examination requirements. **We will not be responsible for any mail or correspondence which does not reach you.** We do not release rating information over the telephone. We have up to two months from the date a job announcement closes to inform you of your eligibility for a position or notify you of additional examination requirements. Please call us only if you have not heard from us during that time period. If you receive an eligible rating, it is inappropriate to tell you how soon you might be interviewed for a job since the hiring process is dependent on the number of vacancies, the number of applicants, and your eligibility rating score. Accordingly, it would be inappropriate for us to respond to any inquiry regarding the number of positions, the location of positions, and the number of eligible candidates since this information are subject to change. In addition, the filling of a position may be cancelled without prior notice. You may contact us to inquire if interviews are being scheduled. **Interviews are primarily scheduled by telephone or by email. It is your responsibility to inform the Human Resources Office in writing of any changes to your name, address, email, telephone number, or availability for employment.**

7. WORK ELIGIBILITY UPON SELECTION (Refer to USCIS Form I-9 for a detailed list of acceptable documents) - By law, the government of Guam is required to verify your work eligibility upon in-processing. **When offered a position, you will be required to provide proof of identity and authorization for employment in the United States.** In addition, you will be required to provide your social security number. The following are acceptable documents of proof, one document from column A, **OR** one document each under column B **AND** C:

COLUMN A	OR	COLUMN B	AND	COLUMN C
● U.S. Passport,		● Government of Guam I.D. Card		● Social Security Card
● Permanent Resident Card,		● Driver's License		● Birth Certificate
● Other Proof of Identity & Authorization		● Other Proof of Identity		● Other Proof of Authorization

Guam Memorial Hospital Authority, Human Resources Department, 850 Gov. Carlos Camacho Rd, Tamuning, Guam 96913.
Telephone Nos.: (671) 647-2171/2409/2320. E-Mail Address: human.resources@gmha.org Web Site: www.gmha.org.

PLEASE REMOVE THESE INSTRUCTIONS AND KEEP FOR YOUR RECORDS – DO NOT SUBMIT WITH YOUR APPLICATION

EMPLOYMENT APPLICATION

GOVERNMENT OF GUAM



FORM A

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

OFFICIAL USE ONLY – DATE OF RECEIPT
Accepted By (Initials):

APPLICATION # :

APPLICATION INSTRUCTIONS: Please type or print legibly in blue or black ink. The information you provide will be used to determine whether you qualify for the job for which you are applying. Before applying, read the minimum experience and training requirements in the job announcement carefully to determine if you qualify for the position. Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information. Indicate "N/A" in spaces that are not applicable. **Please refer to the "GENERAL INSTRUCTIONS & INFORMATION" page for additional information.**

1. POSITION TITLE APPLYING FOR:	2. JOB ANNOUNCEMENT NO.:
3. NAME (Last – First - Middle)	4. SOCIAL SECURITY NO. (Required - print legibly):

5. **EMAIL ADDRESS (Required – print legibly):** _____

6. **MAILING ADDRESS:** P.O. Box or Number and Street _____ City _____ State _____ Zip Code _____

7. **PHONE NO. 1:** (_____) _____ - _____

8. **PHONE NO. 2:** (_____) _____ - _____

9. **EDUCATION HISTORY:** Please submit official transcripts or verified copy of diploma/degree at the time of **each** application. If not, you may not receive credit and your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position for which you are applying. The information you provide on this form may be verified.

SECONDARY EDUCATION

A. Did you graduate? () No () Yes. Name and Location of School Attended: _____

B. Did you receive a GED? () No () Yes. Name of Issuing School and Location: _____

POST-SECONDARY EDUCATION – Please indicate total credits completed and/or type of degree awarded (e.g., AA, BA, MA, PhD)

School Name and Location	Major Field of Study	Credits Completed	Degree Awarded
A.			
B.			
C.			
D.			
E.			

10. **LICENSES, CERTIFICATION, OTHER PERTINENT QUALIFICATIONS:** Complete this section only if required for position.

A. Do you possess a valid Driver’s License: () N/A () No () Yes or I am able to obtain one by the time of appointment.

B. **Other Licenses or Certification** – Please indicate the type, registration number, and the issuing authority. Please present for verification and submit a photocopy: Type _____ No. _____ Issuing Authority _____
 Type _____ No. _____ Issuing Authority _____

C. **Special Qualifications** – Include membership in professional or scientific societies, honors, awards, fellowships, publications, etc. (list but do not submit unless required for the position):

D. **Knowledge of Language Other Than English (Only if required)**

LANGUAGE	SPEAK	READ	WRITE
1. Refer to job announcement if required. List the language and check the appropriate box.			
2.			

11. WORK EXPERIENCE

Begin with your present or last employment and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If additional space is needed, continue on item #12, or provide the information on a blank sheet entitled "Work Experience" and attach it to this form. Information you submit on this form may be verified. **If you submit a resume in lieu of completing this form, you must include all of the information requested in this section for your work experience or your application may be rejected.**

A. Check one: <input type="checkbox"/> Present or <input type="checkbox"/> Last Employer NAME OF PRESENT OR LAST EMPLOYER/Company URL Internet Address:	Telephone No.: Immediate Supervisor:	From: Month _____ Year _____ To: Month _____ Year _____ HRS. WORKED PER WEEK: _____
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Position Title:	Salary:	Reason for Leaving:
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This position is: () Full-time () Part-time () Volunteer	Did you supervise? () Yes () No. If yes, how many employees? _____
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Specific Duties Performed and Percentage of Time Spent:	%

B. NAME OF FORMER EMPLOYER/ Company URL Internet Address:	Telephone No.: Immediate Supervisor:	From: Month _____ Year _____ To: Month _____ Year _____ HRS. WORKED PER WEEK: _____
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Position Title:	Salary:	Reason for Leaving:
------------------------	----------------	----------------------------

This position is: () Full-time () Part-time () Volunteer	Did you supervise? () Yes () No. If yes, how many employees? _____
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Specific Duties Performed and Percentage of Time Spent:	%

C. NAME OF FORMER EMPLOYER/ Company URL Internet Address:	Telephone No.: Immediate Supervisor:	From: Month _____ Year _____ To: Month _____ Year _____ HRS. WORKED PER WEEK: _____
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Position Title:	Salary:	Reason for Leaving:
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This position is: () Full-time () Part-time () Volunteer	Did you supervise? () Yes () No. If yes, how many employees? _____
---	--

Specific Duties Performed and Percentage of Time Spent:	%

12. **USE THIS BLOCK TO CONTINUE YOUR RESPONSES TO ANY NUMBERED SECTIONS OR ITEMS:** (Please specify No. of item.)

13. **INDICATE WHAT TYPE OF EMPLOYMENT YOU ARE WILLING TO ACCEPT IF OFFERED?**

- Probationary** (leading to permanent civil service employment)
- Limited Term** (employment up to 1 year)
- Temporary** (employment up to 120 working days)
- Part-time** (less than 40 hours per week)
- On-call** (not more than 35 hours per week)

14. **PREFERENTIAL HIRE STATUS (Complete if applicable)**

This applies only to first time applicants of government of Guam Merit Scholarship or Educational Loan Recipients. If you wish to claim Preferential Hire Status, please check "Yes" and attach letter of eligibility, if not, check "N/A." This status is applicable only for initial employment with the government of Guam. Approval of claim is subject to verification.

If yes, please specify previous applications in which you claimed preferential hire status if applicable.

YES

1. Department/Agency: _____ Position Title: _____ Year: _____

NO

2. Department/Agency: _____ Position Title: _____ Year: _____

N/A

3. Department/Agency: _____ Position Title: _____ Year: _____

15. IMPORTANT INFORMATION
(PLEASE READ BEFORE SIGNING THIS APPLICATION)

a. 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 the Human Resources office in writing of any changes to your email address or telephone number.**

b. Work Prohibition: Please be informed that if you have been convicted of a sex offense or if you are listed on the Sex Offender Registry that you are prohibited by Public Law 28-98 from employment with any agency or instrumentality of the government of Guam.

c. Employment Tests: 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/or ability test may be required depending on the particular job requirements of the position. The top eligible candidates will be referred for employment consideration for each vacancy subject to any relevant laws and the Personnel Rules and Regulations of the respective department or agency. If a selection interview is scheduled, you may be notified by email, telephone, or notice by mail. Failure to take any required examinations will result in your disqualification.

d. Drug Use Screening: Upon conditional selection for employment into the government of Guam, all applicants must take and pass urinalysis testing for illegal use of drugs as well as any drug tests after employment subject to their agency's Drug Free Work Place policy. Applicants/employees are responsible for expenses incurred for these examinations. Failure to satisfactorily meet the specific requirements of the tests may result in disqualification or dismissal from employment.

e. Tuberculosis (TB) Skin Test: Applicants accepting employment with an educational institution or agency must take and pass a pre-entry and annual Tuberculosis Skin Test as a condition of employment.

f. Pre-Employment Medical Examination: All applicants accepting employment with the government must take a pre-entry physical examination as a condition of employment.

g. Reference/Background Check: When you sign this job application, you authorize the government to seek and obtain information regarding your suitability for employment upon selection. All factors which are job related may be investigated (e.g., previous employment, educational credentials, and criminal history). All information obtained may be used to determine your suitability for employment in accordance with equal employment opportunity guidelines and applicable laws. All pre-employment administrative processing requirements are completed after you receive a Notification of Personnel Action by Human Resources.

h. 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, limited-term, part-time, and on-call employees do not serve a probationary period and are subject to "At Will" employment.

16. 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 agree and understand that falsification or misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the government of Guam. 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

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

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP



FORM A2

GOVERNMENT OF GUAM
PREFERENCE POINTS REQUEST FORM
(Complete Only if Applicable – Submit with Job Application)

INSTRUCTIONS: If you are a U.S. military veteran, a person with a disability, a former member of the Guam Police Combat Patrol, or a graduate of the POST Commission Academy, you may claim preference points by completing this form and submitting it with your employment application. However, you must provide a copy of this form for each job application you submit. **Approval of points is subject to verification. Please attach the appropriate certification letter or form required under item #3 of the “GENERAL INSTRUCTIONS AND INFORMATION” sheet or as described below.**

1. **NAME (Last–First–Middle):** _____
2. **OTHER NAMES USED:** _____
3. **POSITION TITLE APPLYING FOR:** _____
4. **JOB ANNO. NO.:** _____

5. INDICATE WHICH POINTS YOU ARE CLAIMING BY CHECKING THE APPROPRIATE CATEGORY BELOW:

- A. () **5 points – Veteran:** Attach your DD-214, Member 4 or other proof of military service.
- B. () **5 points – Veteran w/a disability:** Attach letter from U.S. Veteran’s Administration or the Department of Veteran’s Affairs.
- C. () **5 points – POST Commission Academy Graduate:** Attach letter from the POST Commission.
- D. () **5 points – Former member of the Guam Police Combat Patrol:** Attach letter from the Chief of Police.
- E. () **5 points – Person with a Disability:** Attach letter from the Director of Public Health and Social Services certifying your physician’s certification that you can efficiently and safely perform the position you are applying for with or without reasonable accommodation.

UPON VERIFICATON, PREFERENCE POINTS ARE ADDED ONLY UPON RECEIVING A PASSING OR FINAL ELIGIBLE RATING SCORE OF 70.000 OR HIGHER. IF YOU ARE CLAIMING PREFERENCE POINTS AND IT IS APPROVED, IT WILL BE INDICATED ON YOUR NOTICE OF RATING AND INCLUDED IN YOUR FINAL EARNED RATING.

6. APPLICANT STATEMENT

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

I hereby certify that all statements made on this preference points request form are true, complete, and correct to the best of my knowledge. I agree and understand that falsification or misstatements of material facts herein may be grounds for my disqualification or dismissing me after an appointment.

DATE

SIGNATURE OF APPLICANT (Blue or Black Ink)



FORM A3

GOVERNMENT OF GUAM
VOLUNTARY EEO DATA RECORD SURVEY
(DO NOT ATTACH TO JOB APPLICATION - SUBMIT SEPARATELY)

INSTRUCTIONS: This form is separate from your job application. Please detach this form and submit it separately from your job application. The purpose of this form is to monitor the Affirmative Action and Equal Employment Opportunity (EEO) representation within our diverse community.

1. POSITION TITLE APPLIED FOR: _____

2. JOB ANNOUNCEMENT NO.: _____ DATE: _____

3. CITIZENSHIP:

- [] U.S. [] Republic of Marshall Islands
[] Permanent Resident [] Republic of Palau
[] Federated States of Micronesia [] Other: _____

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

- [] Job Information Bulletin Board, Government Agency. Specify: _____
[] Department of Administration, Human Resources Division Job Information Counter
[] 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. MARITAL STATUS:

- [] Single [] Married

7. AGE: [] 17 years and below

- [] 18 years to 39 years
[] 40 years and above

8. ETHNIC ORIGIN:

- [] NON-RESIDENT ALIEN. Specify Country: _____
[] HISPANIC or LATINO = A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
[] WHITE (NOT HISPANIC or LATINO) = A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
[] BLACK or AFRICAN AMERICAN (NOT HISPANIC or LATINO) = A person having origins in any of the black racial groups of Africa.
[] NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (NOT HISPANIC or LATINO) = A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
[] ASIAN (NOT HISPANIC or LATINO) = A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
[] AMERICAN INDIAN or ALASKA NATIVE (NOT HISPANIC or LATINO) = A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
[] TWO OR MORE RACES (NOT HISPANIC or LATINO) = All persons who identify with more than one of the above five races.

EEO Declaration: As required by federal and/or local laws, we do not discriminate on the basis of age, sex (including pregnancy, gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, political affiliation, veteran or military status, sexual orientation, genetic information, credit history or any other protected classification except for positions requiring bona fide occupational qualifications as a business necessity.