

EMPLOYMENT APPLICATION

NURSE POSITIONS ONLY



FORM A

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

APPLICATION # :

1. POSITION TITLE APPLYING FOR:	2. JOB ANNOUNCEMENT NO.:
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3. NAME (Last – First - Middle)	4. SOCIAL SECURITY NUMBER (Required):
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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: (____) ____ - _____
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9. EDUCATION:
Did you have a degree in Nursing? () No () Yes. Specify type below.

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

10. LICENSES, CERTIFICATION, OTHER PERTINENT QUALIFICATIONS:
A. Do you possess a current Nurse License? () No () Yes.

Licenses or Certification – Please indicate the type (RN/LPN), registration number, and the issuing authority. Please present for verification and submit a photocopy: Type _____ No. _____ Issuing Authority _____
Type _____ No. _____ Issuing Authority _____

B. Special Qualifications – Include membership in professional associations, BLS, ACLS, PALS, etc.:

11. HOSPITAL NURSE EXPERIENCE: This section may be substituted with a resume or complete this Item and Item #12 (Cont.):

A. Do you have RN Hospital Nurse Experience? () No () Yes. Specify below and continue under Item #12.

Hospital Name/Location/Position Title	Full-time/Part-time (Select One)	Dates of Employment (Month/Year)	
1.	FT or PT	From:	To:
2.	FT or PT	From:	To:
3.	FT or PT	From:	To:

B. Other RN Nurse Experience: Specify below and continue under Item #12.

Employer Name/Location/Position Title	Full-time/Part-time (circle):	Dates of Employment (Month/Year)	
4.	FT or PT	From:	To:
5.	FT or PT	From:	To:
6.	FT or PT	From:	To:

12. USE THIS BLOCK TO CONTINUE YOUR RESPONSES TO ITEM #11A&B ABOVE.

A. RN Hospital Nurse Experience? Please describe briefly your primary *RN Job Factors or Duty Areas* of responsibility for each hospital employer identified under **Item #11A** above.

Hospital Name/Location/Position Title: _____

1.

Hospital Name/Location/Position Title: _____

2.

Hospital Name/Location/Position Title: _____

3.

B. Other RN Nurse Experience: Please describe briefly your primary *RN Job Factors or Duty Areas* of responsibility for each non-hospital employer identified under **Item #11B** above.

Employer Name/Location/Position Title; _____

4.

Employer Name/Location/Position Title; _____

5.

Employer Name/Location/Position Title; _____

6.

13. WORK UNIT PREFERENCE: If available, please indicate your work unit preference and why.

1st Preference: _____ **Reason:** _____

2nd Preference: _____ **Reason:** _____

3rd Preference: _____ **Reason:** _____

14. 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)

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. When a selection interview is scheduled, you may be notified in-person, by email, telephone, or notice by mail. Failure to take any required examinations will result in your disqualification.
- d. Eligibility to Work:** Please be advised that upon selection, all applicants must show proof of identity and eligibility to work in the United States and its Territories, unless prior approval for employer sponsorship is obtained.
- e. Drug Use Screening:** Upon conditional selection for employment you must take and pass urinalysis testing for illegal use of drugs as well as any drug tests after employment subject to GMHA's Drug Free Work Place policy. Failure to satisfactorily meet the specific requirements of the tests may result in disqualification or dismissal from employment.
- f. Pre-Employment Medical Examination:** All applicants accepting employment with GMHA must take and pass pre-employment examinations to include Tuberculosis Skin Test (PPD) and 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 established Personnel Rules and Regulations. All temporary, limited-term, and part-time 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

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EMPLOYEE NAME: _____ **SSN:** _____

POSITION APPLIED FOR: _____

A. ELIGIBILITY

STATUS: () **QUALIFIED** () **NOT QUALIFIED** () **PENDING**

SUPPORTING CRITERIA: () **VALID RN LICENSE** () **VALID BLS**

() **VALID OTHER:** _____

() **TOTAL YEARS HOSPITAL RN EXPERIENCE:** _____

() **TOTAL YEARS NON-HOSPITAL RN EXPERIENCE:** _____

() **PENDING RN LICENSE** () **PENDING BLS**

() **PENDING OTHER:** _____

B. INTERVIEW SCHEDULE

DATE: _____ **PANEL MEMBERS:** _____

TIME: _____

LOCATION: _____ **EEO REPRESENTATIVE:** _____

C. SELECTION RECOMMENDATION

RATING SCORE:

() **RECOMMENDED** () **NOT RECOMMENDED AT THIS TIME**

D. ENDORSED

Interview Panel Chairperson: _____
Name and Signature Date

Nursing Department Head: _____
Name and Signature Date

Hospital Administrator/CEO: _____
Name and Signature Date



FORM A3

**GUAM MEMORIAL HOSPITAL AUTHORITY
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. We are seeking your assistance to help us in this effort by accurately completing this form. Your cooperation is completely voluntary. The information obtained is for data reporting purposes only.

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. The Guam Memorial Hospital Authority is an equal opportunity employer and complies with applicable local and federal laws relating to employment practices.