# DATE RECEIVED:



***OFFICIAL USE ONLY-REQUIRED DOCS.***

**HS Diploma/GED:** □ **Yes** □ **No**

|  |
| --- |
| **234A U.S. Army Juan C. Fejeran Street, Barrigada, Guam 96913** |
| **Phone: 635-1412** . **Fax: 635-1444** |
| **website: catholicsocialserviceguam.org** |
| **We are an equal opportunity employer** |

**College Transcript: □ Yes □ No**

|  |  |  |
| --- | --- | --- |
| EMPLOYME | NT APPLICATION |  |
| Application Instructions: Give full and completed 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 employment records. | | |
| **1. Position title you are apply for:** | **Announcement No.** | **Lowest Salary acceptable:** |
| **2. PERSONNEL INFORMATION** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME: |  |  | | | |
|  | LAST |  | FIRST |  | MIDDLE |
| SOCIAL SECURITY NO. |  |  | | | |
| MAILING ADDRESS: |  |  | | | |
| EMAIL ADDRESS: |  |  | | | |
| CONTACT NUMBERS: |  |  | | | |
|  |  | HOME | WORK | CELL |  |
| **Are you a Veteran?** | ( ) Yes | ( ) No | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3. EDUCATION: Please check and indicate all of your formal educational accomplishments:** | | | | | | | |
| □ High School Graduate: School: | | | | | | | |
| Location: |  |  |  |  |  | Date of Graduation: |  |
| □ Completed G.E.D. - School: | | | | | | | |
| Location: |  |  |  |  |  | Date GED Completed: | |
| □ Indicate Last Grade Completed in High School (circle one): 9th 10th 11th 12th | | | | | | | |
| **Post-Secondary Education:** | | | | | | | |
| Name and Location of | Dates of Attendance | | Credit Hrs. Complet | |  |  |  |
| College/University  Major Undergraduate Courses | From  Sem. Hrs. | To  Qtr. Hrs. | Sem | Qtr.  Major Graduat | Course of Study  e College Courses | Type of Degree  Sem Hrs. | Year Earned  Qtr. Hrs |

# List any manuals, equipment, license, special training, and/or certificates pertinent to the position you are applying for.

1

2

3

# WORK PREFERENCES (PLEASE CHECK YOUR ANSWER, DO NOT LEAVE IT BLANK)

|  |  |  |
| --- | --- | --- |
| **□ Full Time** | **Are you willing to do shift work?** | **[ ] Yes** |
| □ **Part-Time** |  | **[ ] No** |
|  |  | Page 1 of 3 |

1. **WORK EXPERIENCE**

*This portion must be completed. Please be detailed as possible to obtain full credit for your work experience. Applications lacking sufficient information* may be rejected. Under Block (A). Please indicate whether it is your PRESENT OR LAST EMPLOYMENT 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. If additional space is needed, continue on a separate sheet, or attached your resume with these information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. Name of Employer & Mailing Address** | **Telephone No.:** | ***From:*** | | |
| **[ ] Present**  **[ ] Last Employer** |  | **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 [ ] Supervisory [ ]Non-Supervisory [ ]Permanent**  **[ ] Temporary** | | | |
|  |
| **Specific Duties Performed:** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **B. Name of 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 [ ] Supervisory [ ]Non-Supervisory [ ]Permanent**  **[ ] Temporary** | | | |
|  |
| **Specific Duties Performed:** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **C. Name of 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 [ ] Supervisory [ ]Non-Supervisory [ ]Permanent**  **[ ] Temporary** | | | |
|  |
| **Specific Duties Performed:** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **D. Name of 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 [ ] Supervisory [ ]Non-Supervisory [ ]Permanent**  **[ ] Temporary** | | | |
|  |
| **Specific Duties Performed:** | | | | |
|  | | | | |
|  | | | | |

Page 2 of 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you have a Driver's License?**  **Do you have a Chauffer's License?** | | □ **Yes** □ **No Date Expires:**  □ **Yes** □ **No Date Expires:** | | | |  |
| **7. FAMILY MEMBERS EMPLOYED IN CATHOLIC SOCIAL SERVICES (CSS)**  Does CSS employ, in any capacity, any immediate member of your family?  If "yes" please list the names(s), relationship, and position title. | | | | | | □ Yes □ No |
| **Name** | **Relationship** | | | **Position Title** | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |
| REFERENCES: Provide below three (3) persons, not related to you whom you have known for at least one year. | | | | | | |
| Name | Address | | Business | | Years Known | Contact Number |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  | | | | | | |
| **APPLICANT ACKNOWLEDGEMENT** | | | | | | |
| ***As an applicant for employment I understand the following:***   1. **All information are subject to verification.** 2. **Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.** 3. **If my application for employment is accepted, the effective date of my employment shall be the actual time I begin work. If I am employed, I agree to comply with and be bound by the safety and health rules and regulations of Catholic Social Services.** 4. **My employment is not guaranteed for any term, that my employment may be terminated by Catholic Social Service or myself for any reason.** 5. **No management official is authorized to make any oral assurance or promise of continued employment.** 6. **If employed, my employment will be subject to the conditions of any applicable probationary period established by labor agreement, contract agreement, or by company policy.** 7. **I authorize investigation of all statements contained in this application.**   ***I hereby certify that all statements made on the application form are true, complete, and correct to the best of my knowledge. I understand that any false or dishonest answer to any question on this form may be grounds for rating me ineligible or for dismissing me after an appointment.*** | | | | | | |
| **APPLICANT'S SIGNATURE DATE**  **Catholic Social Services does not discriminate employment on the basis of race, color, religion, sex, national origin, political affiliation, sexual orientation,**  **gender identity, marital status, disability and genetic information, age, membership in an employee organization, or other non-merit factor.** | | | | | | |

3 of 3