# DATE RECEIVED:

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

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

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| **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**

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| 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** |  |  |

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

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| **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/UniversityMajor Undergraduate Courses | FromSem. Hrs. | ToQtr. Hrs. | Sem | Qtr.Major Graduat | Course of Studye College Courses | Type of DegreeSem Hrs. | Year EarnedQtr. Hrs |

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

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

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| **□ 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.

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| **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** |
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| **Specific Duties Performed:** |
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| **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** |
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| **Specific Duties Performed:** |
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| **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:** |
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| **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** |
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| **Specific Duties Performed:** |
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| **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** |
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| 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 |
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| **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.** |

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