



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

DATE RECEIVED:

OFFICIAL USE ONLY-REQUIRED DOCS.

Driver's License No: _____
 Type: ___ State ___ Exp Date _____
 HS Diploma/GED: Yes No
 College Transcript: Yes No
 Police Clearance: Yes No
 Court Clearance: Yes No
 Traffic Clearance: Yes No

EMPLOYMENT 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:
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2. PERSONNEL INFORMATION

NAME: _____
 LAST FIRST MIDDLE

SOCIAL SECURITY NO. _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CONTACT NUMBERS: _____
 HOME WORK CELL

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 College/University	Dates of Attendance From	To	Credit Hrs. Complet Sem	Qtr.	Course of Study	Type of Degree	Year Earned
Major Undergraduate Courses	Sem. Hrs.	Qtr. Hrs.	Major Graduate College Courses		Sem Hrs.	Qtr. Hrs	

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

1 _____

2 _____

3 _____

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

Full Time Willing to do shift work
 Part-Time Not willing to do shift work

5. 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:		
<input type="checkbox"/> Present <input type="checkbox"/> Last Employer			Immediate Supervisor:			Mo. Day Year		
						To: Mo. Day Year		
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					
Specific Duties Performed:								
B. Name of Employer & Mailing Address			Telephone No.:			From:		
<input type="checkbox"/> Present <input type="checkbox"/> Last Employer			Immediate Supervisor:			Mo. Day Year		
						To: Mo. Day Year		
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					
Specific Duties Performed:								
C. Name of Employer & Mailing Address			Telephone No.:			From:		
<input type="checkbox"/> Present <input type="checkbox"/> Last Employer			Immediate Supervisor:			Mo. Day Year		
						To: Mo. Day Year		
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					
Specific Duties Performed:								
D. Name of Employer & Mailing Address			Telephone No.:			From:		
<input type="checkbox"/> Present <input type="checkbox"/> Last Employer			Immediate Supervisor:			Mo. Day Year		
						To: Mo. Day Year		
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					
Specific Duties Performed:								

Do you have a Driver's License? Yes No Date Expires: _____

Do you have your own transportation to use for work? Yes No

6. FAMILY MEMBERS EMPLOYED IN CATHOLIC SOCIAL SERVICES (CSS)

Does CSS employ, in any capacity, any immediate member of your family? Yes No

If "yes" please list the names(s), relationship, and position title.

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	Phone 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.