

Catholic 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.					
HS Diploma/GED: □ Yes □ No					
College Transcript: Yes No					

EMPLOYMENT APPLICATION

1. Position title you are apply for:					Announcement No.		Lowest Salary
							acceptable:
2. PERSONNEL INFORM	IATION						
NAME:							
	LAST				FIRST		MIDDLE
SOCIAL SECURITY NO.							
MAILING ADDRESS:							
EMAIL ADDRESS:							
CONTACT NUMBERS:							
CONTACT NOIVIBERS.		HOME			WORK	CELL	
Are you a Veteran?	() Yes	() No					
			,				
		idicate all o	t your	formal educa	tional accomplishments	1	
☐ High School Graduate:							
Location:						Date of Graduation	on:
□ Completed G.E.D Sch						Data CED Consider	ar al
Location: □ Indicate Last Grade Co		ligh School	(circle	one). Oth	10th 11th 12th	Date GED Comple	etea:
Post-Secondary Education		iigii scrioor	(circic	onej. Juli	1011 1111 1211		
Name and Location of		Attendance	Credi	t Hrs. Comple	t.		
College/University	From	То	Sem	Qtr.	Course of Study	Type of Degree	Year Earned
Major Undorgraduato							
Major Undergraduate Courses	Sem. Hrs.	Qtr. Hrs.		Maior Gradu	ate College Courses	Sem Hrs.	Qtr. Hrs
Courses	36111.1113.	Quillis		Wajor Grade	iate conege courses	36111113.	Quiting
4. List any manuals, equ	uipment, lice	ense, specia	l traini	ng, and/or ce	rtificates pertinent to th	e position you are a	applying for.
1							
2							
3 5. WORK PREFERENCES	(PLFASE CH	FCK YOUR A	NSW	R. DO NOT U	FAVE IT BLANK)		
□ Full Time	•				[] Yes		
□ Full Time Are you willing to do shift work? [] Yes							

6. 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:					
		Mo. Day Year					
	Immediate Supervisor:	То:					
[] Present		Mo. Day Year					
[] Last Employer		Hrs. worked per week:					
Position Title:	Salary: Reason for Leaving:						
Type of Business:	This Position is [] Superv	risory []Non-Supervisory []Permanent					
	[]	Temporary					
Specific Duties Performed:							
B. Name of Employer & Mailing Address	Telephone No.:	From:					
		Mo. Day Year					
	Immediate Supervisor:	То:					
		Mo. Day Year					
		Hrs. worked per week:					
Position Title:	Salary:	Reason for Leaving:					
Type of Business:		risory []Non-Supervisory []Permanent					
		Temporary					
Specific Duties Performed:							
C. Name of Fundamen & Mailing Address	Talanhana Na .	Tram.					
C. Name of Employer & Mailing Address	Telephone No.:	From:					
	Immediate Compusican	Mo. Day Year					
	Immediate Supervisor:	To:					
		Mo. Day Year Hrs. worked per week:					
Position Title:	Salary:	Reason for Leaving:					
Type of Business:		risory []Non-Supervisory []Permanent					
Type of Busiliess.		Temporary					
Specific Duties Performed:		Temporary					
specific buties refrontieu.							
D. Name of Employer & Mailing Address	Telephone No.:	From:					
b. Name of Employer & Maining Address	rerephone No.:						
		Mo. Day Year					
	Immediate Supervisor:	To:					
		Mo. Day Year					
Position Title:		Hrs. worked per week:					
ype of Business: This Position is [] Supervisory [] Non-Supervisory [] Permanent							
7,600 = 000000000000000000000000000000000		Hrs. worked per week: Reason for Leaving: risory []Non-Supervisory []Permanent					
	This Position is [] Superv	Hrs. worked per week: Reason for Leaving:					
Specific Duties Performed:	This Position is [] Superv	Hrs. worked per week: Reason for Leaving: risory []Non-Supervisory []Permanent					
	This Position is [] Superv	Hrs. worked per week: Reason for Leaving: risory []Non-Supervisory []Permanent					
	This Position is [] Superv	Hrs. worked per week: Reason for Leaving: risory []Non-Supervisory []Permanent					

Do you have a Driver's License?	□ Yes □ No	Date Expires:					
7. FAMILY MEMBERS EMPLOYED IN	CATHOLIC SOCIAL SERVICE	ES (CSS)					
Does CSS employ, in any capacity, any	·	our family?			□ Yes □ No		
If "yes" please list the names(s), relationship, a							
Name	Relationship		Position Title				
REFERENCES: Provide below three (3)	persons, not related to yo	u whom you hav	e knowr	for at leas	t one year.		
				Years			
Name	Address	Busines	ss	Known	Contact Number		
		+					
APPL	ICANT ACKNOWLEDGEME	NT					
As an applicant for employment I understand the fo	ollowing:						
1. All information are subject to verification.							
Any misrepresentation or falsification of inform my dismissal from employment.	ation requested here will be cause f	for rejection of this app	olication or	for subsequent	t discipline up to and including		
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 term	ninated by Catholic Soc	ial Service	or myself for an	y reason.		
5. No management official is authorized to make a	ny oral assurance or promise of cor	ntinued employment.					
 If employed, my employment will be subject to company policy. 	the conditions of any applicable pro	obationary period estal	blished by I	abor agreemen	t, contract agreement, or by		
7. I authorize investigation of all statements conta	ined 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 em	ployment on the basis of race, colo	or, religion, sex, nation	nal origin, p	oolitical affiliat	ion, sexual orientation,		
gender identity, marital status, disability and gen	etic information, age, membership	in an employee organ	nization, or	other non-mer	it factor.		