



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**

**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

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 College/University	Dates of Attendance		Credit Hrs. Complet		Course of Study	Type of Degree	Year Earned
	From	To	Sem	Qtr.			
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)**

<input type="checkbox"/> Full Time	Are you willing to do shift work?	[ ] Yes
<input type="checkbox"/> Part-Time		[ ] No

**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.*

<b>A. Name of Employer &amp; Mailing Address</b>			<b>Telephone No.:</b>			<b>From:</b>		
<input type="checkbox"/> Present <input type="checkbox"/> Last Employer			<b>Immediate Supervisor:</b>			Mo.      Day      Year		
						To:		
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>B. Name of Employer &amp; Mailing Address</b>			<b>Telephone No.:</b>			<b>From:</b>		
<input type="checkbox"/> Present <input type="checkbox"/> Last Employer			<b>Immediate Supervisor:</b>			Mo.      Day      Year		
						To:		
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>C. Name of Employer &amp; Mailing Address</b>			<b>Telephone No.:</b>			<b>From:</b>		
<input type="checkbox"/> Present <input type="checkbox"/> Last Employer			<b>Immediate Supervisor:</b>			Mo.      Day      Year		
						To:		
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>D. Name of Employer &amp; Mailing Address</b>			<b>Telephone No.:</b>			<b>From:</b>		
<input type="checkbox"/> Present <input type="checkbox"/> Last Employer			<b>Immediate Supervisor:</b>			Mo.      Day      Year		
						To:		
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 a Chauffer's License?  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?  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	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.