

FOR OFFICIALS ONLY
Date Received: _____
Received By: _____

Application for Employment		<i>It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.</i>	
WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT			
PERSONAL DATA			
Name: Last		First	Middle
		Social Security Number	
Mailing Address:		City	State Zip
Home Address: Street No.		City	State Zip
Home Telephone Number	Cellular Telephone Number	Other Contact Number	Email Address
Are you over 18 years of age?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you legally eligible for employment in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of one or more violations of law (e. g., felony, misdemeanor, etc.)? In answering this question, also consider that you may answer "NO" if the following applies: 1) All offenses for which you were tried were as a minor or juvenile 2) All convictions were annulled or expunged (however see note below) There are four categories under which an AmeriCorps program or Serve Guam Commission will deny an individual work under a CNCS national service program, as follows: 1. Anyone listed, or required to be listed, on a sex offender registry is ineligible to work. 2. Anyone convicted of murder as defined and described in 18 U.S.C. § 1111 is ineligible to work. 3. Anyone who refuses to undergo background Criminal History Checks is ineligible to work. 4. Anyone who makes a false statement in connection with a program's inquiry concerning the individual's criminal history.			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State/Government of Guam or the federal government by force or violence?			YES <input type="checkbox"/> NO <input type="checkbox"/>
POSITION SUITABILITY INFORMATION			
Position Applied For:		Date you can start work	Are you currently Employed?
Type of Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call		Lowest Salary Acceptable	Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO
Within the past seven years, were you: • Discharged ((fired) from employment for any reason? • Asked to resign (quit) after being informed that your employer intended to discharge (fire) you for any reason? If "yes" to any of the questions above, please give: Employer's Name/Address: _____ Date of Action: _____ Reason in Each Case: _____			YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
If selected for employment, are you willing to do background criminal history checks? (if yes, please fill in page 4)			YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the Program you are applying for currently employ, in any capacity, any immediate member of your family? <i>If "yes", please list the name(s), relationship, and position title. (The purpose of this question is to avoid violation of the Nepotism or program in a supervisor-subordinate relationship and where two or more family members under the same household are prohibited)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME	RELATIONSHIP	POSITION TITLE	

EDUCATION Please check and indicate all of your formal educational accomplishments

High School Graduate – Name of School: _____
 Location: _____ Year Graduated: _____

Completed G.E.D. – Name of School: _____
 Location: _____ Certified No.: _____ Year Graduated: _____

Indicate Last Grade Completed in High School (check mark one): 9th 10th 11th 12th
 School: _____

Name & Location of College/University	Dates of Attendance		Credit Hrs. Completed		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.	

SKILLS & QUALIFICATIONS special skills: computer, software, equipment, certifications, supervision, languages etc..
REFERENCES List three personal references who are not relatives or former supervisors

NAME	ADDRESS	TELEPHONE NO.	YEARS KNOWN

EMERGENCY CONTACT In case of an accident or illness, please provide name of person whom we should contact

Name	Daytime phone:	Physical Address:	Relationship:

WORK EXPERIENCE

This portion must be accurate and complete. Please be as detailed as possible to obtain full credit for your work experience. Applications lacking sufficient information may be rejected. Under A., please indicate whether it is your PRESENT or LAST EMPLOYER 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. Duties should include most difficult or most important responsibilities, and/or most significant accomplishments in the position held. If additional space is needed, continue on a separate sheet and attach to application.

A. Name of Employer:	Employer Address	
	Start Date (mm/dd/yy)	End Date (mm/dd/yy)
(Check One:) <input type="checkbox"/> Present <input type="checkbox"/> Last Employer		
Position Title:	Immediate Supervisor's Name	Phone Number
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

B. Name of Employer:	Employer Address	
	Start Date (mo/day/yr)	End Date (mo/day/yr)
Position Title:	Immediate Supervisor's Name	Phone Number
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

C. Name of Employer:	Employer Address	
	Start Date (mo/day/yr)	End Date (mo/day/yr)
Position Title:	Immediate Supervisor's Name	Phone Number
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

COMMUNITY INVOLVMENT

Describe how you have reached out to help others and/or how you have been involved in your own community. List down the name of organizations, individuals, agencies, etc. that you were involved in and a description of your volunteer services.

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CONSENT FOR CRIMINAL BACKGROUND CHECK

In order to meet funding requirements, we are required to run background checks for employees whose positions are funded in part or whole by CNCS grant, including match funds. The Criminal History Check consists of three parts for individuals who are predicted to have recurring access to a vulnerable population and two additional GovGuam criminal history checks. Signing this document below means that you understand the following:

- AmeriCorps Program and/or Serve Guam Commission will need to complete the following NSCHC background checks and local background checks which include: **National Sex Offender registry (NSOPW)**, a **state criminal history check-state of service and state of residence (Superior Court)**, an **FBI fingerprint-based check** (depending on access to vulnerable population), **Guam Police Clearance** and a **Urinalysis Drug test**.
- You understand that your identity must be verified with a government or federal issued photo ID and provide a copy for file purposes.
- Results of these checks will be viewed by AmeriCorps Program, Serve Guam Commission and other officials to determine compliance and will be retained by the AmeriCorps Program and/or Serve Guam Commission in a confidential manner.
- You have the right to review the finding and that you will be notified if your checks shows a criminal history, including convictions, pending charges and/or criminal arraignments.
- You understand that any offer to serve or work is contingent upon the results from these background checks and will be used to determine selection/funding eligibility for a position.

Applicant - Please print all information:

Last			First			Middle		
Date of Birth (MM/DD/YYYY)		Gender		Citizenship		Social Security #		
Mailing Address								
Gov't/Federal Issued ID (used to verify background)				Identification Number:			Expiration Date:	
<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't ID <input type="checkbox"/> Military ID								

I authorize and consent the Serve Guam Commission and/or AmeriCorps Program to complete the necessary criminal background checks on me in order to meet critical compliance requirements. I certify the information above is correct to the best of my knowledge.

Applicant Signature Date

Certifying Official: Print Name & Title	Signature	Date
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