



Academy of Our Lady of Guam

233 Archbishop F.C. Flores St.
Hagatña, Guam 96910
671.477.8203

Application for Employment

Position applied for _____ Date of application ____/__/__

Name: _____
LAST FIRST MIDDLE

Date of Birth: _____ Place of Birth: _____ Citizenship: _____ Sex: _____

Mailing Address: _____ Phone Number: _____

Parish or religion to which you are a member: _____

Civil Status: Single Married Divorced Widowed

Name of spouse: _____ Home and Work Number of Spouse: _____

Names and ages of Living Children: _____

Education Background

Name and Location	Highest Grade Finished or Degree Relieved	Inclusive date of Attendance
Elementary School		
High/Vocational School		
College/University		
Major	Minor	
Certification		
Post Graduate		

Employment History

Provide the following information starting with the most recent

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities		
REASON FOR LEAVING	Hourly Rate Start\$ _____ Per _____ Final\$ _____ Per _____		

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities		
REASON FOR LEAVING	Hourly Rate Start\$ _____ Per _____ Final\$ _____ Per _____		

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities		
REASON FOR LEAVING	Hourly Rate Start\$ _____ Per _____ Final\$ _____ Per _____		

Special Skills: _____

Other Special Qualifications: (Books published, articles written, awards received, etc.) _____

References:

Name

Mailing Address

Have you ever been accused or indicted for or tried for violation of any law, ordinance, or regulations before any court or tribunal? Yes ___ No ___

Have you ever been charged or tried for any break of infraction of military naval or constabulary tribunal or authority on the subject of an administrative discipline action? Yes ___ No ___

Were you ever dismissed from any employment? Yes ___ No ___ or forced to resign for reason other than lack of work funds? Yes ___ No ___

Person to be contacted in case of emergency:

Name Phone Number

Address

References

Name	Telephone	Years Known

UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HERBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSON, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FORGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT

DATE