

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:				Sex:	☐ Male	☐ Female		
Last	First		Middle					
Date of Birth:	Place of Birth:			Citizenship:				
Mailing Address:								
Home Phone #:	Cell Phone #: Emai			l Add:				
Parish or religion to which you are a	member:							
SSN:	Civil Status:	□Single	□Married	□Divorceo	l □Wid	owed		
Name of spouse:	Home and Work Number of Spouse:							
Names and ages of Living Children:								
EDUCATION BACKGROUND								
Name and Location	Highest Grade Fir	nished or Deg	gree Relieved	Inclusiv	e date of	Attendance		
Elementary								
High/Vocational School								
College/University								
	25:							
Major	Minor							
Certification								
Post Graduate								

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EMPLOYMENT HISTORY

Provide the following information starting with the most recent

From:	To:	Name of Empl	oyer:			Tel. No.:	
Address:				Immediate Su	upervisor and Title:	1	
Job Title:		Summarize the	nature of work perform	ed and job responsibilit	ies:		
			•	, ,			
Reason for Lea	aving:	Hourly Rate:	Per	Final \$	Per		
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		<u>, </u>					
From:	To:	Name of Empl	oyer:			Tel. No.:	
Address:	l	Immediate Supervisor and Title:					
Job Title:		Summarize the	nature of work perform	ed and job responsibilit	ies:		
Reason for Lea	aving:	Hourly Rate: Start: \$		Final \$	Per		
		-		- '			
F	To:	Name of Empl				T-1 N-	
From:	10:	Name of Empl	oyer:			Tel. No.:	
Address:				Immediate Su	apervisor and Title:		
Job Title:	bb Title: Summarize the nature of work performed and job responsibilities:						
Reason for Lea	aving:	Hourly Rate: Start: \$	Per	Final \$	Per		
Special Skil	lls:						
Other Special Qualifications: (Books published, articles written, awards received, etc.)							
Employment References:							
Name		Tel. No.:	Mailing Address				

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Have you ever been accused or indicted fo court or tribunal? ☐ Yes ☐ No If yes, reason:		•	, ,	ations before	ore any
Have you ever been charged or tried for an authority on the subject of an administrativ If yes, reason:	ve discipline action	on?		y tribunal	or
Were you ever dismissed from any employ work funds?			to resign for reaso	on other th	an lack of
Person to be contacted in case of emerge	ency:				
Name:	•	Home Phone:	Mobile phone:	Work Pho	one:
Address:					
Personal References					
Name	Tel. No.:	Mailing Address			Years known
I understand that if I am employed, any m be sufficient cause for cancellation of whenever is discovered. I give the employer the right to contact a Institutions and to otherwise verify the action liability the employer and its representations, corporations or organizations for finding the sufficient of the sufficie	and obtain information obtain information of the interest of the interest for see	or immediate dis mation from all Re aformation containe king, gathering and	charge from the ferences, Employed in this applica	employer yers, and I tion. I her	r's service, Educational eby release
The employer does not unlawfully discrimpurpose of limiting or excusing any appliance or Federal law.					
I represent and warrant that I have reacconditions.	l and fully unde	erstand the forgoin	ng and seek emp	loyment ı	ınder these
Signature of Applicant			Da	ate	

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