



FORM A1

**GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
VOLUNTARY DATA RECORD SURVEY
(EQUAL EMPLOYMENT OPPORTUNITY DATA)**

The purpose of this form is to monitor the Affirmative Action and Equal Employment Opportunity representation within our diverse community. We are seeking your assistance to help us in this effort by accurately completing this form. **Your cooperation is completely voluntary.** The information is for data purposes only and will be maintained in a confidential file within the Equal Employment Opportunity (EEO) Department, separate from your application. It will not be used to make a decision regarding your application for employment. This form will be detached prior to the examination process.

1. POSITION TITLE APPLIED FOR: _____

2. JOB ANNOUNCEMENT NO.: _____ DATE: _____

3. CITIZENSHIP:
 U.S. Republic of Marshall Islands
 Permanent Resident Republic of Palau
 Federated States of Micronesia Other: _____

4. HOW DID YOU LEARN OF THE JOB FOR WHICH YOU ARE APPLYING?
 Job Information Bulletin Board, Government Agency. Specify: _____
 Department of Administration, Human Resources Division Job Information Counter
 One Stop Career Center, Department of Labor
 Job Announcement. Specify where seen: _____
 News paper Announcement. Specify: _____
 Relative, Friend, or Government Employee
 Other. Specify: _____

5. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married	7. AGE: <input type="checkbox"/> 17 years and below <input type="checkbox"/> 18 years to 39 years <input type="checkbox"/> 40 years and above
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8. **Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**
 HISPANIC / LATINO = A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
 Not HISPANIC / LATINO

Part 2. Race: What is the person's race (choose one or more)
 AMERICAN INDIAN or ALASKA NATIVE - A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
 ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 BLACK or AFRICAN AMERICAN - A person having origins in any of the black racial groups of Africa.
 NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 WHITE - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 TWO OR MORE RACES - All persons who identify with more than one of the above five races.

The government of Guam is an Equal Employment Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex (sexual harassment and orientation), national origin, age, physical or mental disability, marital status, political affiliation, or retaliation, except for positions requiring bona fide occupational qualifications.

11. 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, to include percentage of time spent. If additional space is needed, continue on item #12, or a separate sheet(s) and attach to application.**

A. NAME OF EMPLOYER/MAILING ADDRESS (Check one:) <input type="checkbox"/> Present or <input type="checkbox"/> Last Employer	Telephone No.: Immediate Supervisor:	From: Mo _____ Day _____ Year _____ To: Mo _____ Day _____ Year _____ HRS. WORKED PER WEEK: _____
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Position Title:	Salary:	Reason for Leaving:
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Type of Business (i.e. construction)	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

B. NAME OF FORMER EMPLOYER/MAILING ADDRESS	Telephone No.: Immediate Supervisor:	From: Mo _____ Day _____ Year _____ To: Mo _____ Day _____ Year _____ HRS. WORKED PER WEEK: _____
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Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

C. NAME OF FORMER EMPLOYER/MAILING ADDRESS	Telephone No.: Immediate Supervisor:	From: Mo _____ Day _____ Year _____ To: Mo _____ Day _____ Year _____ HRS. WORKED PER WEEK: _____
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Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

11. WORK EXPERIENCE (con't)

D. NAME OF FORMER EMPLOYER/ MAILING ADDRESS:	Telephone No.:	From: Mo _____ Day _____ Year _____ To: Mo _____ Day _____ Year _____ HRS. WORKED PER WEEK: _____
	Immediate Supervisor:	
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 and Percentage of Time Spent:		%

E. NAME OF FORMER EMPLOYER/ MAILING ADDRESS	Telephone No.:	From: Mo _____ Day _____ Year _____ To: Mo _____ Day _____ Year _____ HRS. WORKED PER WEEK: _____
	Immediate Supervisor:	
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 and Percentage of Time Spent:		%

F. NAME OF FORMER EMPLOYER/ MAILING ADDRESS:	Telephone No.:	From: Mo _____ Day _____ Year _____ To: Mo _____ Day _____ Year _____ HRS. WORKED PER WEEK: _____
	Immediate Supervisor:	
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 and Percentage of Time Spent:		%

12. **USE THIS BLOCK TO CONTINUE YOUR RESPONSES TO ANY NUMBERED SECTIONS OR ITEMS:** (Please specify No. of item.)

13. **INDICATE WHAT TYPE OF EMPLOYMENT YOU ARE WILLING TO ACCEPT IF OFFERED?**

Please note the following: you will be considered for only those types of employment that you have checked, you may check more than one; if you wish to change your choices after application submission, please contact the Recruitment Branch at 475-1128/1141.

- Probationary** (leading to permanent employment)
- Limited Term** (employment up to 1 year)
- Temporary** (employment up to 120 working days)
- Part-time** (less than 40 hours per week)
- On-call, Seasonal, Intermittent, or Provisional** (as required by agency)

14. **PREFERENTIAL HIRE STATUS**

This applies only to first time applicants of government of Guam Merit Scholarship or Educational Loan Recipients. If you wish to claim Preferential Hire Status, please check "Yes" and attach letter of eligibility, if not, check "N/A." This status is applicable only for initial employment with the government of Guam. Approval of claim is subject to verification.

If applicable, please specify previous applications in which you claimed preferential hire status (Continue on separate sheet if necessary). If yes, please specify:

1. Department/Agency: _____ Position Title: _____ Year: _____

YES

2. Department/Agency: _____ Position Title: _____ Year: _____

NO

3. Department/Agency: _____ Position Title: _____ Year: _____

N/A

15. **PERSONAL CONTACT** (Optional: In the event that we are unable to contact you, please give three names for reference.)

NAME	ADDRESS	TELEPHONE NO.

IMPORTANT INFORMATION
PLEASE READ BEFORE SIGNING THIS APPLICATION

Job Application: The job application you submit is considered current for one year from the date the eligibility list is established. **IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGES TO YOUR ADDRESS OR TELEPHONE NUMBER.**

Evaluation Methods: To determine your qualifications for the position which you are applying, job related tests designed to reveal your capacity to successfully perform the duties of the position are utilized. Most positions require an evaluation of your application to determine your qualification based on a rating of your education and experience. Additional examinations such as a written and an abilities test may be required depending on the particular job requirements of the position. The top eligibles will be referred for employment consideration for each vacancy subject to any relevant laws and the Personnel Rules and Regulations of the respective department or agency. If a selection interview is required, you will be notified. Failure to submit to employment examination requirements will result in an ineligible rating.

Drug Screening: Upon selection for employment into the government of Guam, you must take and pass urinalysis testing for illegal use of drugs. In addition, government employees are subject to their respective Drug-Free Work Place Program requirements. Failure to submit to drug testing will result in immediate disqualification or disciplinary action.

Pre-Employment Medical Examination: All applicants accepting employment with the government must take and pass a pre-entry physical examination as a condition of employment or continued employment. Applicants accepting employment with educational institutions and/or agencies requiring health clearance must take and pass a pre-entry examination as a condition of employment. All applicants/employees are responsible for all expenses incurred for this examination. Failure to satisfactorily meet or complete the specific requirements of the examination may result in your disqualification or termination from employment.

Background Investigation: When you sign this job application, you authorize the government to seek and obtain information regarding your suitability for employment, **to include but not limited to local and federal court job related convictions.** All factors which are job related may be investigated (e.g., previous employment, educational credentials, and criminal record). All information obtained may be used to determine your eligibility for employment in accordance with equal employment opportunity guidelines. In addition, when you sign this application, you release previous employers and job related sources from legal liability for the information they provide relative to your suitability for employment.

Probationary Period: If you are selected for permanent appointment to a classified position, you must initially undergo a probationary period subject to the Personnel Rules and Regulations of your respective department or agency. **All temporary, Limited Term, part-time and on-call employees do not serve a probationary period and are subject to termination at will.**

FAMILY MEMBERS IN THE GOVERNMENT

To avoid violation of the Nepotism Rule, or related statutes, whereby spouses and persons within the first degree of "blood relationship" may not be employed in the same department or agency in a supervisor-subordinate relationship and where two or more family members under the same household are prohibited; exception to this rule may be made for the good of the government service.) Upon selection and processing with the Department of Administration, Human Resources Division, please disclose family members employed within your agency/department.

16. APPLICANT STATEMENT

(ATTENTION: Read the following certification and agreement before signing this application.)

I, _____, hereby certify that all statements made on this application are true, complete
(PRINT NAME)

and correct to the best of my knowledge. I understand that any false or dishonest answer to any question on this application may be grounds for rating me ineligible for employment and remove my name from the list of eligibles or rescind employment offer or for dismissing me after an appointment. I hereby authorize the use of my social security number for the purpose of record keeping and authorize any investigation of all statements made, my personal history, including checks of fingerprints, police records, **to include but not limited to local and federal court job related convictions** and former employers and all other information as deemed necessary to make a proper employment decision. I hereby release previous employers/related sources from legal liability for information they provide regarding my suitability for employment with the government of Guam.

SIGNATURE OF APPLICANT (sign in blue/black ink)

DATE



Government of Guam
Department of Administration
SUITABILITY DETERMINATION



FORM A2

Name:	Social Security Number:	Position Applied For:
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The following information will be used to determine your suitability for employment. Convictions, dismissals from employment, or dishonorable separations from military service do not mean automatic disqualification. In determining employment suitability, we will evaluate the circumstances of each individual case, keeping in mind the requirements of the position applied for. If more space is needed, attach an additional sheet and reference the appropriate question.

1. DISMISSAL FROM EMPLOYMENT/DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past seven years, were you:

- Discharged (fired) from employment for any reason? YES NO
- Asked to resign (quit) after being informed that your employer intended to discharge (fire) you for any reason? YES NO
- Separated from military service under conditions other than honorable? YES NO

If "yes" to any of the questions above, please give:

Employer's Name/address: _____

Date of Action: _____ Reason in Each Case: _____

2. CONVICTION FOR VIOLATION OF LAW

- Have you 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 YES NO
 - 2) All convictions were annulled or expunged (however see note below) YES NO

If you were previously convicted of a felony and had your conviction expunged, you are not eligible to be employed in any peace officer position (4 GCA 4203.1). In addition, if you were administratively pardoned of any crime, you are not eligible to be employed as a police officer (10 GCA 77114). Please do not apply for these positions.

- 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 NO

If "yes" to any of the above, you must submit a local Police Clearance and Court Clearance, no older than one month from the application date. In addition, I hereby authorize the Department of Administration to also obtain information on convictions within the U.S. Federal Court System. Applicants selected for initial employment shall provide an updated Suitability Form (no later than 30 days of being selected) prior to a Pre-Employment Drug Test (if required) or if I'm convicted of any crimes AFTER submission of my application. Also you must attach an additional sheet of paper to this form explaining the incident including dates, circumstances, and the penalty imposed.

APPLICANT STATEMENT
(ATTENTION: Read the following certification and agreement before signing this form.)

I, _____, hereby certify that all statements made on this suitability form are true, complete, and correct
(PRINT NAME)

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 and remove my name from the list of eligibles or rescind employment offer or for dismissing me after an appointment. I hereby authorize the Department of Administration to conduct an investigation of my personal, educational, financial, **to include but not limited to local and federal court job related convictions** or employment history and I authorize any former employer and any other person, firm, corporation, institution or government agency to give the Department of Administration any information they may have about me. In consideration of the Department of Administration's review of my application for employment, I release the Department of Administration and all providers of information from liability as a result of furnishing or receiving this information.

SIGNATURE OF APPLICANT (sign in blue/black ink)	DATE
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