



APPLICATION FOR EMPLOYMENT GENERAL INSTRUCTIONS & INFORMATION

INSTRUCTIONS TO APPLICANTS: Please read the following carefully before completing the application. If you need assistance in completing this application, please contact the Guam Visitors Bureau at 671-646-5278.

SUBMITTING YOUR APPLICATION

Complete this application by printing in black/blue ink or typing. If additional space is needed, continue on item #12, or a separate sheet(s) may be attached. If you wish to submit a RESUME, your resume must contain all of the required information under item #11, Work Experience Section, for each work described. Resumes not in compliance may be considered incomplete. For questions that do not apply to you, write in N/A (Not Applicable). WE WILL ONLY ACCEPT APPLICATIONS ORIGINALLY FORMATTED BY THE GUAM VISITORS BUREAU. You must submit an application for each currently announced position you are applying for with your original signature. Your application is non-transferable. All applications being submitted must comply with the deadline stated in the job announcement. You may submit your application and other supporting documents to jobs@visitguam.org or in person at the Guam Visitors Bureau. For in-person submissions, please enclose all relevant documents in a sealed envelope with your name and the position title that you are applying for and kindly address to: Guam Visitors Bureau, Attention: Human Resources, 401 Pale San Vitores Road, Tumon, Guam, 96913.

RATING PROCESS

The contents of the employment application and other substantiating documents will be thoroughly reviewed to determine if you meet the minimum qualification requirements of the position. Under the Work Experience Section, item #11, be sure to include all your work experience in order to help us evaluate your qualifications. Volunteer work and employment in the military service on a part-time basis as well as work experience in a detailed capacity will be credited based on their own merits. You may be rated ineligible if you do not provide sufficient information and/or supporting documents. Submission of new information on education and/or work experience after an eligibility list is established is generally prohibited, exceptions may be based upon a valid appeal. You must sign and date your application. In addition, you must fill out, sign, and date the "Suitability Determination" form. Failure to fill out, sign & date in these two areas will result in your application being rejected.

NOTIFICATION OF RESULTS

Your employment application is part of an examination process. Your employment application will be evaluated and rated. An incomplete employment application will result in an ineligible rating. You may be scheduled for additional examinations depending on the position requirements. The results will be mailed to you. IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGES TO YOUR ADDRESS OR TELEPHONE NUMBER.

REQUIRED DOCUMENTS

To validate credentials you may claim, (e.g. High School Diploma, College Transcript, DD-214), an original or certified copy of the document(s) must accompany the application. Failure to provide proof may result in your disqualification. Refer to the specific job announcement for all required documents needed. The applicant shall be responsible for providing all required documents for each employment application submitted. Upon a conditional offer of employment, you may be required to submit recent Police & Court Clearances in accordance with P.L. 34-22.

PROHIBITION

Pursuant to P.L. 28-98 "No person convicted of a sex offense under the provisions of Chapter 25 of Title 9 GCA, or an offense as defined in Article 2 of Chapter 28, Title 9 GCA in Guam, or an offense in any jurisdiction which includes, at a minimum, all the elements of said offenses, or who is listed on the Sex Offender Registry shall work in any agency or instrumentality of the Government of Guam".

U.S. MILITARY PREFERENCE POINTS

As a veteran of the Armed Forces of the United States or a member of the Guam Police Combat Patrol, you are entitled to claim five (5) preference points, if you have completed at least 180 cumulative days of active duty and received other than a dishonorable discharge. To claim the points, you must fill out a "Preference Points" request form and provide your DD-214 Member 4, which indicates your service dates and character of service. To claim an additional five (5) points for disability, you must provide a letter from the U.S. Veteran's Administration, which specifically states that you are entitled to Civil Service Preference for a service-connected disability. If eligible for any of the preference points, the points will be added to your passing final earned rating. [Reference: 4 GCA §4104(a)(b)(c)]

PREFERENCE POINTS FOR PERSONS WITH DISABILITIES

As a person with a disability, you are entitled to claim five preference points, if you are certified with a disability. To claim the points, you must fill out a "Preference Points" request form and attach the "Certification of Disability" form signed by the Director of the Department of Public Health and Social Services. DO NOT attach any medical history information. If eligible for any of the preference points, the points will be added to your passing final earned rating. [Reference: 4 GCA §4104(a)(b)]

PREFERENTIAL HIRE STATUS

As a recipient of an educational loan or merit scholarship, you are entitled to the first offer of employment in accordance with Public Law 15-127, (notwithstanding any other laws which may supersede). To claim preferential hire, you must submit your eligibility letter from the University of Guam Financial Aid Office, along with your job application. Preference hiring is only awarded for initial employment. In addition, a declination offer will result in the removal of preferential hire status. [Reference: 4 GCA §4104.1]

WORK ELIGIBILITY UPON SELECTION

U.S. citizens may apply for all government of Guam jobs. Non-U.S. citizens, such as U.S. Permanent Residents, citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply for employment in MOST Government of Guam jobs. Please consult the job announcement for any specific requirements. Public Law 99-603 (8 USC Section 1324A) requires the government of Guam to verify your identity and work eligibility. For Additional information, please visit the U.S. Citizenship and Immigration Services website, www.uscis.gov and review the Employment Eligibility Verification Form I-9. Upon processing for employment, you will be required to provide proof of identity and eligibility for employment in the United States. Please refer to the USCIS Employment Eligibility Verification, Form I-9, for a list of acceptable documents.



EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION INSTRUCTIONS: Give full and complete 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 records. Refer to the page entitled "GENERAL INSTRUCTIONS & INFORMATION" for further information.

1. POSITION APPLIED FOR: _____ 2. JOB ANNOUNCEMENT NO.: _____ 3. LOWEST SALARY ACCEPTABLE: _____

4. NAME: Last _____ First _____ Middle _____ 5. ~~SOCIAL SECURITY NUMBER:~~
- NOT APPLICABLE -

6. MAILING ADDRESS: P.O. Box or Street Number _____ City _____ State _____ Zip Code _____

7. HOME ADDRESS: Street Number _____ City _____ State _____ Zip Code _____

8. TELEPHONE NO.: Home _____ Work: _____ Cell: _____ E-mail: _____

9. EDUCATION: Please check and indicate all of your formal educational accomplishments:

High School Graduate - School: _____

Location: _____ Year Graduated: _____

Completed G.E.D. - School: _____

Location: _____ Certificate No.: _____ Year Graduated: _____

Indicate Last Grade Completed in High School (circle one): 9th 10th 11th

School: _____

Name and 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.		Major Graduate College Courses		Sem. Hrs.	
	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

10. LIST MANUALS, EQUIPMENT, LICENSES, SPECIAL TRAINING, AND/OR CERTIFICATES PERTINENT TO THE POSITION APPLIED FOR:

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. Supervisory experience is a combination of subject matter knowledge and skills and/or managerial abilities related to getting the work done through other. Please attach a resume in necessary.

A. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: _____
Present or Last Employer

Telephone No.: _____

From: mo. _____ day _____ year _____
 To: mo. _____ day _____ year _____

Immediate Supervisor: _____

HRS. WORKED PER WEEK: _____

Position Title: _____ Salary: _____ Reason for Leaving: _____

Type of Business (i.e. construction) _____ This Position Is: Supervisory Non-Supervisory / Permanent Temporary

Specific Duties Performed and Percentage of Time Spent: _____ %

B. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: _____
Present or Last Employer

Telephone No.: _____

From: mo. _____ day _____ year _____
 To: mo. _____ day _____ year _____

Immediate Supervisor: _____

HRS. WORKED PER WEEK: _____

Position Title: _____ Salary: _____ Reason for Leaving: _____

Type of Business (i.e. construction) _____ This Position Is: Supervisory Non-Supervisory / Permanent Temporary

Specific Duties Performed and Percentage of Time Spent: _____ %

C. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: _____
Present or Last Employer

Telephone No.: _____

From: mo. _____ day _____ year _____
 To: mo. _____ day _____ year _____

Immediate Supervisor: _____

HRS. WORKED PER WEEK: _____

Position Title: _____ Salary: _____ Reason for Leaving: _____

Type of Business (i.e. construction) _____ This Position Is: Supervisory Non-Supervisory / Permanent Temporary

Specific Duties Performed and Percentage of Time Spent: _____ %

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

12. REFERENCES: List three persons who have definite knowledge of your qualifications. Use major professors, department chairs, deans or others who have had the opportunity to evaluate your work. If possible, please ask your references to send a confidential evaluation directly to the Guam Visitors Bureau.

NAME	ADDRESS	TITLE
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**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 might be 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 a performance test/exercise 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 Guam Visitors Bureau Policies and Guidelines. If a selection interview is required, you will be notified. Failure to submit to employment requirements will result in an ineligible rating.

Drug Screening: Upon selection for employment, you must take and pass urinalysis testing for illegal use of drugs. In addition, Guam Visitors Bureau 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.

Background Investigation: When you sign this job application, you authorize the Guam Visitors Bureau to seek and obtain information regarding your suitability for employment. 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.

Probationary Period: If you are selected for permanent appointment to a classified position, you must initially undergo a probationary period subject to the Policies and Guidelines of the Guam Visitors Bureau. All Limited Term Appointment (LTA) employees or unclassified employees do not serve a probationary period and are subject to termination at will.

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 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 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 Guam Visitors Bureau.

SIGNATURE OF APPLICANT (sign in blue/black ink)

DATE

PERSONAL CONTACT

(Optional: In the event that we are unable to contact you, please give two names for reference.)

NAME

ADDRESS

TELEPHONE NO.

RELATIONSHIP

Guam Visitors Bureau
SUITABILITY DETERMINATION

Name:	Social Security Number:	Agency:	Position Applied For:
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The following information will be used to determine your suitability for employment. 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 SEPARATION FROM MILITARY SERVICE

Within the past seven years, were you:

Discharged (Fired) from employment of 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. FAMILY MEMBERS IN THE GOVERNMENT

Does the agency that you are applying for currently employ, in any capacity, any immediate member of your family?

	YES	NO
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If "yes" please list the names(s), relationship, and position title. (The purpose of this question is to avoid violation of the Nepotism Rule, or related statutes, whereby spouses and person 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.)

NAME	RELATIONSHIP	POSITION TITLE

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 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.

SIGNATURE OF APPLICANT (sign in blue or black ink)	DATE
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Government of Guam
PREFERENCE POINTS
Request Form

FORM A3

This form is used to award preference points for Veterans of the Armed Forces of the United States or the Guam Police Combat Patrol and Persons with a disability. This form is separate and apart from the job application. IF APPLYING FOR MORE THAN ONE POSITION, YOU MUST COMPLETE THIS FORM FOR EACH APPLICATION SUBMITTED IN ORDER TO RECEIVE CREDIT FOR EACH POSITION APPLIED.

NAME:	SOCIAL SECURITY NUMBER:	POSITION TITLE:	JOB ANNOUNCEMENT NO:
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1. PREFERENCE POINTS FOR VETERANS OR POLICE COMBAT PATROL

Please indicate: 5 preference points 10 preference points (Disabled Veteran)

Branch: _____ Type of Discharge: _____ Dates of Service: _____

2. PREFERENCE POINTS FOR PERSONS WITH DISABILITIES

Please indicate: 5 preference points (Attach certification from Department of Public Health)

Date of Certification: _____

APPROVAL OF POINTS IS SUBJECT TO VERIFICATION. PLEASE SUBMIT YOUR APPROPRIATE DOCUMENTS SUCH AS DD214 MEMBER 4, V.A. SERVICE CONNECTED DISABILITY DOCUMENT, OR CERTIFICATION FROM PUBLIC HEALTH.

PLEASE NOTE, THESE PREFERENCE POINTS ARE ADDED TO AN APPLICANT'S PASSING SCORE, IT CANNOT BE USED TO QUALIFY AN OTHERWISE UNQUALIFIED APPLICANT.

APPLICANT STATEMENT

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

I, _____, hereby certify that all statements made on this preference point form
(PRINT NAME)

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 dismissing me after an appointment.

SIGNATURE OF
APPLICANT
(sign in blue/black ink)

DATE