## GUAM COMMUNITY COLLEGE GOVERNMENT OF GUAM EMPLOYMENT APPLICATION

### **GENERAL INSTRUCTIONS & INFORMATION**

#### 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. WE WILL ONLY ACCEPT APPLICATIONS ORIGINALLY FORMATTED BY THE GOVERNMENT OF GUAM. 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 on the JOB ANNOUNCEMENT.

#### **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 maybe 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 prohibited. If certified for employment consideration, you will be required to fill out a Suitability Determination form.

#### **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. Additionally, please refer to the specific job announcement for all other required documents needed. Transcripts from institutions outside of the U.S. must be certified as a Comprehensive Course-by-Course Report by a National Association of Credential Evaluation Services (NACES) member organization www.naces.org.

#### **U.S. MILITARY PREFERENCE POINTS:**

As a member of the Armed Forces of the United States or the Guam Police Combat Patrol, you are entitled to claim five preference points, if you have completed at least 180 consecutive days of active duty and received an honorable discharge. **To claim the points, you must fill out a Preference Points request form** and provide your DD-214, 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 or the Department of Veteran's Affairs, 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. Preference points are awarded for initial employment and subsequent applications (Public Law 31-177; §4104(b) chapter 4, GCA).

#### 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 provide a certification letter from the Department of Public Health and Social Services. Preference points are only awarded for initial employment.

#### **PREFERENTIAL HIRE STATUS:**

As a recipient of an educational loan or merit scholarship, you are entitled to first offer of employment in accordance with Public Law 15-127. 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.

#### WORK ELIGIBILITY:

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 Guam jobs. Please consult the job announcement for any specific requirement. Public Law 99-603 (8 USC Section 1324A) requires the Government of Guam to verify your identity and work eligibility. When offered a position, you will be required to provide proof of identity and eligibility for employment in the United States. The following are valid documents of proof, one document from column A, **OR** one document each under column B **AND** C:

<u>COLUMN A</u>	OR	COLUMN B	AND	<u>COLUMN C</u>
• U.S. Passport		• Government of Guam I.D. Card	•	Green Card
Naturalization Car	rd	<ul><li>Driver s License</li><li>Other Proof of Work Eligibility</li></ul>	•	Original Social Security Card

If you have any questions, please contact the Guam Community College, Human Resources Office at (671) 735-5537/5538, Fax: (671) 734-5238, email: hr@guamcc.edu or mail: P.O. Box 23069 Barrigada, Guam 96921.



## **OFFICIAL USE ONLY - REQUIRED DOCUMENTS**

## Human Resources Office

Kulehon Kumunidåt Guåhan

	Ackr	nowledgen	nent of	Receipt
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Name of Applicant:	
JA# Position Title:	
The Guam Community College Human Resource documents:	es Office acknowledges receipt of the following
Application Form	Professional License/Certification
Resume	<u>1.</u> 2.
Form DD 214	For Faculty and Administrator Positions
High School/GED Diploma/Transcripts	1.
	2.
College/University Transcripts	3.
1.	Other Documents not listed:
2.	- 1.
3.	2.
	3.

All required documents are due prior to the close of business for any job announcements.

Original Police and Court Clearances are due upon the request of the GCC Human Resources Office. Police and Court Clearances should be dated no more than 30 days from the date of request.

Original	Сору
Guam Polic	e Clearance
Superior Co	ourt of Guam Clearance

Authorized GCC Human Resources Representative (Print/Signature/Date)

	CEAL ON		(	OFFICI		C ONLY - I ted By (Prin		<b>D DOCUM</b> Initial):	ENTS	
EMPLOYMENT APPLICATION	10/02 00 33 3	Date:			YN	N/A	Agen Appli	cy ied For:		
	THE STORE	Type:			1 10	1011	State:	Ex	p. Date:	
GOVERNMENT OF GUA	M MAAN CHAM	-	oma/GED Transcript				N/A N/A			
WE ARE AN EQUAL OPPORTUNITY EMPLOYER		Police Cl	earance		Y	N I	N/A			
OPPORTUNITY EMPLOYER	FORM A	Court Cle Other:				N I N	N/A			
		APPLIC	ATION #:	-			OS #:			
APPLICATION INSTRUCTIONS: O Applicable). Your Social Security Num INSTRUCTIONS & INFORMATION?	ber is necessary to n	naintain pro								
1. POSITION APPLIED FOR:			2. JOB	ANNO	DUNCEN	AENT NO.	:		/EST SALA EPTABLE	
4. NAME: Last	First		Middle		5. SC	DCIAL SE	CURITY	NO.:		
6. MAILING ADDRESS: P.O. Box or Str	eet Number			City			State		Zip Code	:
7. HOME ADDRESS: Street Number				City			State		Zip Code	:
8. TELEPHONE NO.: Home:	Work:		Cell:			E-Mail:				
	d indicate all of your for		nal accompli	shments	s:					
Ligh Schu Location:	ool Graduate – School:		Yea	r Gradı	lated:					
_	d G.E.D. – School:		с , NI							
Location: Indicate I School:	Last Grade Completed		ficate No.: <b>ool</b> (circle on		9 <sup>th</sup>	Graduated: 10 <sup>th</sup>	1	1 <sup>th</sup> 12	2 th	
Name and Location of College or	Dates of Attendance	ce Cred	lit Hrs. Com	pleted		Course o	of Study	r	Гуре оf	Year
University	From To	o Sem	lester	Qtr.		Course o	n Study		Degree	Earned
Major Undergraduate Courses	Sem. Hrs. Qtr. I	Hrs.	Majo	or Grad	luate Col	llege Cours	ses	Se	em. Hrs.	Qtr. Hrs.
10. LIST MANUALS, EQUIPMENT, LICE	NSES, SPECIAL TRA	INING, AND	O/OR CERT	IFICA	TES PEI	RTINENT	TO THE	POSITION	APPLIED I	FOR:

#### **11. WORK EXPERIENCE**

This portion must be accurate and complete. sufficient information may be rejected. Under EMPLOYED. List your entire work histor present job or last job if you are unemploy responsibilities, and / or most significant are combination of subject matter knowledge and	er A, please indicate whether y, including part-time, volu ed. List each promotion as ccomplishments in the posit	it is your PF nteer and d a separate ion held, to	RESENT OR LA letail appointm job. Duties sho include percen	ST EMPI ents. List ould inclu itage of ti	LOYER IF N t jobs in ord de most dif me spent. S	OT CUR ler by sta ficult or a Superviso	RENTLY <b>rting with y</b> <b>most import</b> ry experience	your tant
A. NAME OF EMPLOYER Present MAILING ADDRESS: Last Employer	Telephone No.:			From:	Mo	Day	Ye	ear
	Immediate Supervisor:			To:	Мо			ear
	Position Title:			Hrs. Wo	Hrs. Worked Per Week:			
Type of Business (i.e. construction):	Salary:	Reason fo	or Leaving:					
		pervisory	Non-Supe	rvisory	Perm	anent	Tempo	
Specific Duties Performed and Percentage of	Time Spent:							%
<u> </u>								
B. NAME OF EMPLOYER MAILING ADDRESS:	Telephone No.:			From:	Mo	Dav	Y	ear
	Immediate Supervisor:		To:	Mo				
	Position Title:	· · ·			rked Per We	_		
Type of Business (i.e. construction):	Salary:	Reason fo	r Leaving:					
	-	pervisory	Non-Supe	rvisory	Perm	anent	Tempo	orary
Specific Duties Performed and Percentage of	Time Spent:							%
								_
C. NAME OF EMPLOYER MAILING ADDRESS:	Telephone No.:			From:	Mo	Day	Ye	ear
	Immediate Supervisor:			To:	Mo			ear
	Position Title:			Hrs. Wo	rked Per We	eek:		
Type of Business (i.e. construction):	Salary:	Reason fo	r Leaving:					
	This Position Is: Sup	pervisory	Non-Supe	rvisory	Perm	anent	Tempo	orary
Specific Duties Performed and Percentage of	Time Spent:							%
								+
								1

#### 11. WORK EXPERIENCE (Continued)

D. NAME OF EMPLOYER MAILING ADDRESS:	Telephone No.: Immediate Supervisor:		From:	Мо	Day	Year	
			To:			Year	
	Position Title:		Hrs. Worked Per Week:				
Type of Business (i.e. construction):	Salary: Reason for	or Leaving:	I				
	This Position Is: Supervisory	Non-Supe	rvisory	Per	manent	Temporar	
Specific Duties Performed and Percentage of	f Time Spent:						%
E. NAME OF EMPLOYER MAILING ADDRESS:	Telephone No.:		From:	Мо	Day	Year	
	Immediate Supervisor:		To:			Year	
	Position Title:		Hrs. Wo	rked Per V	Week:		
Type of Business (i.e. construction):	Salary: Reason for	or Leaving:					
	This Position Is: Supervisory	Non-Supe	rvisory	Per	manent	Temporar	
Specific Duties Performed and Percentage of	f Time Spent:						%
F. NAME OF EMPLOYER MAILING ADDRESS:	Telephone No.:		From:	Mo	Day	Year	
	Immediate Supervisor:		To:	Mo	Day	Year	
	Position Title:		Hrs. Wo	rked Per V	Week:		
Type of Business (i.e. construction):	Salary: Reason for	or Leaving:					
	This Position Is: Supervisory	Non-Supe	rvisory	Per	manent	Tempora	-
Specific Duties Performed and Percentage of	f Time Spent:						%

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

#### **13. 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

#### 14. FOR FACULTY AND ADMINISTRATIVE POSITIONS IN EDUCATIONAL INSTITUTIONS ONLY

On a separate attachment please supply the following information

- a. Higher education teaching experience. For each position indicate the dates of employment (month/year), whether full-time or part-time, tenure track or non=-tenure, courses taught, other assignments, salary (9 month or 12 month), academic rank and the name of the Department Chair or Dean.
- b. List other employment information which you feel may support your application.
- c. Major research and publication activities. Give bibliographic reference.
- d. Major grant activities. Indicate date, amount and source of funding and a brief description of the grant.
- e. Membership in professional organizations and other professional activities.

#### **15. 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. Please ask these people to send a confidential evaluation directly to the educational institute / agency where the position which you are applying for exists.

NAME	ADDRESS	TITLE

# 16. If you plan to request a relocation reimbursement, please supply us with the name, relationship, and age of any dependent (s) who will be accompanying you to Guam. (ONLY IF APPLICABLE).

NAME	RELATIONSHIP	AGE

#### 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 AND 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 a performance 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 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.

**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 and annual Tuberculosis Test 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 for 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. 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 Personnel Rules and Regulations of your respective department or agency. All temporary or Limited term employees do not serve a probationary period and are subject to termination at will.

#### **17. APPLICANT STATEMENT**

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

hereby certify that all statements made on this application are true, complete, and correct to the best

#### (PRINT)

I.

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 Government of Guam.

SIGNATURE OF APPLICANT (sign in blue/black ink)

#### DATE

#### **18. PERSONAL CONTACT**

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

ADDRESS	TELEPHONE NO.	RELATIONSHIP
	ADDRESS	ADDRESS TELEPHONE NO.



## Government of Guam SUITABILITY DETERMINATION

Name:	Social Security N	umber:	Agency:	Positio	n Applied Fo	r:	
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 being applied for.							
	AL FROM EMPLOYMENT/DISHONO ne past seven years, were you:	RABLE SEP.	ARATIONS FROM	MILITARY SERVICE			
•	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					NO		
•	Separated from military service under con	nditions other t	han honorable?		☐ YES		NO
	of the questions above, please give: r's Name / address:						
Date of .	Action:	Reason	in Each Case:			-	
1) 2) 3) • If "yes" to any of	<b>FION FOR VIOLATION OF LAW</b> Have you been convicted of a violation o Note: In answering this question, you nee Arrests not followed by convictions Convictions which were annulled or expu Offense for which you were tried as a min Have you been convicted of any act, atten the federal government by force or violen the above, you must submit a police clearance a cate the type of penalty imposed.	d NOT report inged nor or juvenile npt, or conspir ce?	the following: racy to overthrow the s	State / Government of Guam or	<ul> <li>YES</li> <li>YES</li> <li>YES</li> <li>YES</li> <li>YES</li> </ul>	in the	NO NO NO NO case of
<b>3.</b> FAMILY MEMBERS IN THE GOVERNMENT Does this agency currently employ, in any capacity, any immediate member of your family?							
If "yes", please list the name(s), relationship, and position title. (The purpose of this question is 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.)							
NAME		RELA	TIONSHIP	POSITIC	N TITLE		
<b>APPLICANT STATEMENT</b> (ATTENTION: Read the following certification and agreement before signing this form).							

I,

,hereby certify that all statements made on this suitability form are

(PRINT NAME) (PRINT NAME) 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)	



# Government of Guam **PREFERENCE POINTS Request Form**

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 and will not be attached to the job application submitted. HOWEVER, 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:	SS#:	POSITION TITLE:	JOB ANNOUNCEMENT NO:	
The following information will be used to det separations from military service do not mean individual case, keeping in mind the requirem	automatic disqualification. In deter	mining employment suitability, we will		
<b>4. PREFERENCE POINTS FOR VETE</b> §4104(b) chapter 4, GCA).	RANS / COMBAT PATROL (Initi	al employment and subsequent application	ons (Public Law 31-177;	
<b>Do you wish to claim preference points</b>	s? If ves, and claiming Military Pre	ference Points, specify:		
		Dates of Service:		
Please Indicate: 5 preference poin				
<ul> <li>5. PREFERENCE POINTS FOR PERSONS WITH DISABILITIES (Applicable only for initial employment)</li> <li>Do you wish to claim preference points? If yes, and claiming Disability Preference Points, specify:</li> <li>Date of Certification:</li> </ul>				
APPROVAL OF POINTS IS SUBJECT TO V "GENERAL INSTRUCTIONS & INFORMA				
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

(PRINT NAME)

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



# Government of Guam FOR TEACHING POSITION(S)

## FORM A2

**<u>INSTRUCTIONS</u>**: (To be completed and submitted along with the Employment Application Form) If you are applying for a teaching position, please specify the level and area of interest.

Name:		SS#:	Position Title:	Job Announcement Number:	
Elementary Teacher: Kind		rgarten:	Primary:	Intermediate:	
Secondary Teacher:	Please specify Area of Interest:		Please Specify:	Please Specify:	
Post-Secondary Teacher:	Please	specify Area of Interest:	Please Specify:	Please Specify:	
Special Projects Instructor:	Please	specify Area of Interest:	Please Specify:	Please Specify:	
Special Education:	Please	specify Area of Interest:	Please Specify:	Please Specify:	
Chamorro Language Teacher:		ementary Secondary	Post - Secondary	EMPLOYMENT TYPE:	
Guidance Counselor:		ementary 🗌 Secondary	Post - Secondary	🔲 Full-Time Regular	
School Librarian:	Ele	ementary 🗌 Secondary	Post - Secondary	Full-Time Limited Term	
School Health Counselor:	Ele	ementary 🗌 Secondary	Post - Secondary	Part-Time Regular	
On-Call Substitute Teacher:		ementary Secondary	Post - Secondary	Part-Time Limited Term	
Headstart Teacher:	Ot	her:		Part-Time Summer	

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## Government of Guam 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 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.

	POSITION TITLE APPLIED FOR:				
	JOB ANNOUNCEMENT NO.:	DA	TE:		
3.	CITIZENSHIP: U.S. Permanent Resident Federated States of Micronesia	<ul> <li>Republic of Mars</li> <li>Republic of Palax</li> <li>Other:</li> </ul>			
4.	<ul> <li>4. HOW DID YOU LEARN OF THE JOB FOR WHICH YOU ARE APPLYING?</li> <li>Job Information Bulletin Board, Government Agency. Specify:</li> <li>Department of Administration, Division of Personnel Management Job Information Counter</li> <li>One Stop Career Center, Department of Labor</li> <li>Job Announcement. Specify where seen:</li> <li>Newspaper Announcement. Specify:</li> <li>Relative, Friend, or Government Employee</li> <li>Other. Specify:</li> </ul>				
5.	SEX: Male Female	6. 1	DATE OF BIRTH: / / Month Day Year		
7.	ETHNIC ORIGIN:         Non-Resident Alien. Specify Country:         Black, Non-Hispanic         American Indian or Alaskan Native         Specify:         Asian or Pacific Islander. Specify:         Hispanic         Other. Specify:         Race/Ethnicity Unknown		8. ETHNIC GROUP:         Asian Indian       Korean         Carolinian       Micronesian         Chamorro       Thai         Chinese       Vietnamese         Filipino       Other         Japanese       Vietnamese		
9.	MARITAL STATUS: Single Married		1 		
nat	The Government of Guam does not discriminate on the basis of sex, race, religion, disability unrelated to job requirements, national or ethnic origin, age, or citizenship status in any employment decision or any other term, condition, or privilege of employment. Guam law also prohibits discrimination on the basis of marital status and political affiliation.				