GUAM COALITION AGAINST SEXUAL ASSAULT & FAMILY VIOLENCE
P.O. BOX 1093 HAGATNA, GUAM 96932
PHONE: (671) 479-2277 FAX: (671) 479-7233
EMAIL: INFO@GUAMCOALITION.ORG WWW.GUAMCOALITION.ORG

APPLICATION FOR EMPLOYMENT

Date _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Telephone (___)_____ Social Security No. _____ – _____ – _____

If under 18, please list age _____

Position applying for _____

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME

Date available for work

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Updated 06/13/2016

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ❑ Yes ❑ No

What is your means of transportation to work? _____

Driver's license number _____ Place of issue _____ ❑ Operator ❑ Commercial (CDL) ❑Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing ❑ Yes ❑ No _____ WPM

10- Key ❑ Yes ❑ No

Word Processing ❑ Yes ❑ No _____ WPM

Personal Computer ❑ Yes ❑ No ❑PC ❑ Mac

Skills:

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

_____ _____

Telephone (___) _____ Telephone (___) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ❑ Yes ❑ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR RESERVE? ❑ Yes ❑ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates		Pay or salary	
Address		From	To	Start	Final
Phone number	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

Name of employer	Name of last supervisor	Employment dates		Pay or salary	
Address		From	To	Start	Final
Phone number	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

APPLICATION FOR EMPLOYMENT

Work experience	Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates		Pay or salary	
Address		From	To	Start	Final
Phone number	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

Name of employer	Name of last supervisor	Employment dates		Pay or salary	
Address		From	To	Start	Final
Phone number	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

May we contact your present employer? ❑ Yes ❑ No

Did you complete this application yourself ❑ Yes ❑ No

If not, who did? _____

Updated 06/13/2016

PLEASE READ CAREFULLY

I authorize verification of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the GCASAFV permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the GCASAFV from any liability as a result of such contract.

I understand that if selected for GCASAFV employment, I will be required to obtain and provide to GCASAFV a police and court clearance. I further understand that my employment with GCASAFV shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the GCASAFV is terminable at will for any reason by either party during the probationary period.

Signature of applicant_____ Date: _____

GCASAFV is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with GCASAFV depends solely on your qualifications.

Thank you for completing this application form and for your interest in our organization.