

EMPLOYMENT APPLICATION FORM



245 Gun Beach Road, Tumon, Guam 96913 USA
t: +1-671-649-8815 f: +1-671-646-0037

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, ancestry, national origin, religion, age, disability, results of genetic testing, gender, gender identity or gender expression, perceived or actual sexual orientation, marital status, service in the military or veteran status, the presence of a non-job-related medical condition or disability, pregnancy or the ability to become pregnant, or any other legally protected status. You may exclude information that indicates such.

In addition, we abide by the provisions of the Guam Fair Chances Hiring Process Act (FCHPA)

APPLICANT INFORMATION

LAST NAME:

MIDDLE NAME:

FIRST NAME:

MAILING ADDRESS:

MOBILE NUMBER:

EMAIL:

POSITION(S) APPLIED FOR:

DATE OF APPLICATION:

HOW DID YOU LEARN ABOUT US?:

☐ ADVERTISEMENT ☐ EMPLOYMENT AGENCY ☐ FRIEND ☐ RELATIVE

☐ WALK-IN ☐ OTHER (PLEASE SPECIFY)

GENERAL INQUIRY

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an employment application form with us before? ☐ Yes ☐ No

If "Yes," provide date: _____

Have you ever been employed with us before? ☐ Yes ☐ No

If "Yes," provide date: _____

Are you currently employed? ☐ Yes ☐ No

May we contact your current and former employers? ☐ Yes ☐ No

Are you eligible to work in The United States of America? ☐ Yes ☐ No

Which date would you be available to start working? Please provide date: _____

Are you able to work; ☐ Full Time ☐ Part Time ☐ Temporary

Can you work any shift? ☐ Yes ☐ No

Can you work overtime? ☐ Yes ☐ No

Can you work on weekends and holidays? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? ☐ Yes ☐ No

Are you currently on "Lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires? ☐ Yes ☐ No

Do you know anyone who works for Hotel Nikko Guam? ☐ Yes ☐ No

EDUCATION AND CERTIFICATES

HIGH SCHOOL NAME:

MAILING ADDRESS:

COURSE OF STUDY:

DIPLOMA / DEGREE:

UNDERGRADUATE COLLEGE / UNIVERSITY:

MAILING ADDRESS:

COURSE OF STUDY:

DIPLOMA / DEGREE:

GRADUATE / PROFESSIONAL:

MAILING ADDRESS:

COURSE OF STUDY:

DIPLOMA / DEGREE:

ACADEMIC ACHIEVEMENTS, CERTIFICATES:

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ACADEMIC ACHIEVEMENTS, CERTIFICATES:

TRAINING, QUALIFICATION:

TRAINING, QUALIFICATION:

LANGUAGE SKILLS

PLEASE INDICATE ANY FOREIGN LANGUAGE SKILLS YOU POSSESS:

LANGUAGE	LISTENING	SPEAKING	READING	WRITING
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCES

EMPLOYER:

MAILING ADDRESS:	CONTACT NO.:
JOB TITLE:	SUPERVISOR:
EMPLOYED FROM:	EMPLOYED TO:
WORK PERFORMED:	REASON FOR LEAVING:

EMPLOYER:

MAILING ADDRESS:	CONTACT NO.:
JOB TITLE:	SUPERVISOR:
EMPLOYED FROM:	EMPLOYED TO:
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JOB TITLE:	SUPERVISOR:
EMPLOYED FROM:	EMPLOYED TO:
WORK PERFORMED:	REASON FOR LEAVING:

APPLICANT'S ACKNOWLEDGEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal or professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I authorize Hotel Nikko Guam to make an investigation of my personal, educational, or employment history and I authorize any former employer and any other person, firm, corporation, institution or any government agency to give Hotel Nikko Guam any information they may have about me. In consideration of Hotel Nikko Guam's review of my application for employment, I release Hotel Nikko Guam and all providers of information from any liability as a result of furnishing or receiving this information.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local or federal law.

I understand that this application remains current for only 45 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and the employer reserves the same right to terminate my employment at any time, with or without cause, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's general manager. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration law requires me to complete and I-9 Form in this regard.

SIGNATURE OF APPLICANT

DATE

EMPLOYMENT REFERENCE CHECK



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RELEASE OF LIABILITY

I authorize Hotel Nikko Guam to make an investigation of my personal, educational, or employment history and I authorize any former employer and any other person, firm, corporation, institution or any government agency to give Hotel Nikko Guam any information they may have about me. In consideration of Hotel Nikko Guam's review of my application for employment, I release Hotel Nikko Guam and all providers of information from any liability as a result of furnishing or receiving this information.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

To (Company Name):

We are considering this applicant for a position in our hotel who listed your company as a present or former employer. We would greatly appreciate if you could provide us with fair and honest information regarding applicant's work experience. All comments will be held in a strict confidence. Please contact us if you have any questions at 671-646-0032, extension 7111. Your cooperation is truly appreciated.

Sincerely,

Human Resource Department

PLEASE FILL IN BELOW

Name of Applicant:

Position Held:

Pay Rate:

Employed Since:

Employed Till:

Reason for Separation:

Does this individual work well with others?

☐ Yes ☐ No

Quality of Work:

Attendance / Punctuality:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Would you re-hire this individual?

☐ Yes ☐ No (please explain)

Additional Comments:

Print Name and Title of Company Representative

Date:

DRUG TESTING CONSENT FORM FOR APPLICANTS



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I understand that as a provision of Hotel Nikko Guam's Drug-Free Workplace Policy, I will be required to submit to a substance abuse test as a condition of employment with Hotel Nikko Guam. I understand that I will be required to undergo and pass a pre-employment drug screening, and that I am responsible to pay a non-refundable testing fee assessed by Reliance Testing, contracted by Hotel Nikko Guam.

I understand that I WILL NOT be given an opportunity to reschedule a drug test once I have been notified of the schedule. I consent to the urine, breath, saliva, hair, sweat and/or blood sample collection and testing, whichever is applicable for controlled substance Marijuana, Cocaine, Opiates (Heroin), Amphetamines (includes Ice and Meth) and alcohol.

I understand that a positive test result for controlled substances will render me unqualified for employment with Hotel Nikko Guam and, if I should begin working, I understand that I will be dismissed immediately upon notification of a positive drug test result. I understand that the Medical Review Officer will maintain the result of my test and that Negative and Positive results will be reported to Hotel Nikko Guam. If the results are positive, the controlled substance will be identified and WILL NOT be released to any other party without my written authorization.

I hereby authorize the company contracted to conduct drug screening to disclose to Hotel Nikko Guam, drug test results prior to or during my employment with the Hotel. I acknowledge understanding of the above conditions.

PRINT NAME

SIGNATURE

DATE