# 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 and required documents, as noted below and within the application, must be submitted by 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 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 prohibited.**

**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 emailed and/or 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.

**LETTERS OF REFERENCE FOR ADMINISTRATOR AND FACULTY POSITIONS:**
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.

**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:

| COLUMN A | **OR** | COLUMN B | **AND** | COLUMN C |
|---|---|---|---|---|
| • U.S. Passport<br>• Naturalization Card | | • Government of Guam I.D. Card<br>• Driver s License<br>• Other Proof of Work Eligibility | | • Green Card<br>• Original Social Security Card |

**If you have any questions, please contact the Guam Community College, Human Resources Office at (671) 735-5537 ext. 5536/5538, Fax: (671) 734-5238, email: hrjobs@guamcc.edu or mail: P.O. Box 23069 Barrigada, Guam 96921.**

GUAMCOMMUNITYCOLLEGE

Human Resources Office

# OFFICIAL USE ONLY - REQUIRED DOCUMENTS

## Acknowledgement of Receipt

Name of Applicant: _____

JA#_____ Position Title: _____

The Guam Community College Human Resources Office acknowledges receipt of the following documents:

☐ Application Form

☐ Resume

☐ Form DD 214

☐ High School/GED Diploma/Transcripts

College/University Transcripts

☐ Official ☐ Copy

1. _____
2. _____
3. _____

☐ Professional License/Certification

1. _____
2. _____

For Faculty and Administrator Positions

☐ Letters of Reference

1. _____
2. _____
3. _____

Other Documents not listed: (Do not submit any clearances)

1. _____
2. _____
3. _____

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

_____

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

GCC Revised 04.10.2015 asn

# Employment Application

## GOVERNMENT OF GUAM

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FORM A

**OFFICIAL USE ONLY - REQUIRED DOCUMENTS**

Accepted By (Print Name & Initial): _____

Date: _____ Agency Applied For: _____

Driver's License Y N N/A

Type: _____ State: _____ Exp. Date: _____

H.S. Diploma/GED Y N N/A

College Transcript Y N N/A

Other: Y N

**APPLICATION #:** _____ **OS #:** _____

**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 NO.:** |
|---|---|---|---|
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| 6. **MAILING ADDRESS:** P.O. Box or Street Number | City | State | Zip Code |
|---|---|---|---|
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| 7. **HOME ADDRESS:** Street Number | City | State | Zip Code |
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| 8. **TELEPHONE NO.:** Home: | Work: | Cell: | E-Mail: |
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**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 12th

School: _____

| Name and Location of College or University | Dates of Attendance | | Credit Hrs. Completed | | Course of Study | Type of Degree | Year Earned |
|---|---|---|---|---|---|---|---|
| | From | To | Semester | Qtr. | | | |
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| Major Undergraduate Courses | Sem. Hrs. | Qtr. Hrs. | Major Graduate College Courses | Sem. Hrs. | Qtr. Hrs. |
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**10. LIST MANUALS, EQUIPMENT, LICENSES, SPECIAL TRAINING, AND/OR CERTIFICATES PERTINENT TO THE POSITION APPLIED FOR:**

## 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.** Supervisory experience is a combination of subject matter knowledge and skills and/or managerial abilities related to getting the work done through other people.

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|---|---|---|
| **A. NAME OF EMPLOYER** ☐ Present<br>**MAILING ADDRESS:** ☐ Last Employer | Telephone No.:<br>Immediate Supervisor:<br>Type of Business (i.e. construction): | From: Mo ____ Day ____ Year ____<br>To: Mo ____ Day ____ Year ____<br>Hrs. Worked Per Week: |
| Position Title: | Salary: | Reason for Leaving: |
| | This Position Is: ☐ Supervisory ☐ Non-Supervisory ☐ Permanent ☐ Temporary | |

| Specific Duties Performed and Percentage of Time Spent: | % |
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| **B. NAME OF EMPLOYER**<br>**MAILING ADDRESS:** | Telephone No.:<br>Immediate Supervisor:<br>Type of Business (i.e. construction): | From: Mo ____ Day ____ Year ____<br>To: Mo ____ Day ____ Year ____<br>Hrs. Worked Per Week: |
| Position Title: | Salary: | Reason for Leaving: |
| | This Position Is: ☐ Supervisory ☐ Non-Supervisory ☐ Permanent ☐ Temporary | |

| Specific Duties Performed and Percentage of Time Spent: | % |
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| **C. NAME OF EMPLOYER**<br>**MAILING ADDRESS:** | Telephone No.:<br>Immediate Supervisor:<br>Type of Business (i.e. construction): | From: Mo ____ Day ____ Year ____<br>To: Mo ____ Day ____ Year ____<br>Hrs. Worked Per Week: |
| Position Title: | Salary: | Reason for Leaving: |
| | This Position Is: ☐ Supervisory ☐ Non-Supervisory ☐ Permanent ☐ Temporary | |

| Specific Duties Performed and Percentage of Time Spent: | % |
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## 11. WORK EXPERIENCE (Continued)

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| **D. NAME OF EMPLOYER MAILING ADDRESS:** | Telephone No.: | From: Mo ____ Day ____ Year ____ |
| | Immediate Supervisor: | To: Mo ____ Day ____ Year ____ |
| | Type of Business (i.e. construction): | Hrs. Worked Per Week: |
| Position Title: | Salary: | Reason for Leaving: |
| | This Position Is: ☐ Supervisory ☐ Non-Supervisory ☐ Permanent ☐ Temporary | |

| Specific Duties Performed and Percentage of Time Spent: | % |
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| **E. NAME OF EMPLOYER MAILING ADDRESS:** | Telephone No.: | From: Mo ____ Day ____ Year ____ |
| | Immediate Supervisor: | To: Mo ____ Day ____ Year ____ |
| | Type of Business (i.e. construction): | Hrs. Worked Per Week: |
| Position Title: | Salary: | Reason for Leaving: |
| | This Position Is: ☐ Supervisory ☐ Non-Supervisory ☐ Permanent ☐ Temporary | |

| Specific Duties Performed and Percentage of Time Spent: | % |
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| **F. NAME OF EMPLOYER MAILING ADDRESS:** | Telephone No.: | From: Mo ____ Day ____ Year ____ |
| | Immediate Supervisor: | To: Mo ____ Day ____ Year ____ |
| | Type of Business (i.e. construction): | Hrs. Worked Per Week: |
| Position Title: | Salary: | Reason for Leaving: |
| | This Position Is: ☐ Supervisory ☐ Non-Supervisory ☐ Permanent ☐ Temporary | |

| Specific Duties Performed and Percentage of Time Spent: | % |
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**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 |
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**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 |
|---|---|---|
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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 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 conditional offer 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).*

I, _____ hereby certify that all statements made on this application are true, complete, and correct to the best
(PRINT)
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.)*

| NAME | ADDRESS | TELEPHONE NO. | RELATIONSHIP |
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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 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 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.

**1. PREFERENCE POINTS FOR VETERANS / COMBAT PATROL** (Initial employment and subsequent applications (Public Law 31-177; §4104(b) chapter 4, GCA).

**Do you wish to claim preference points?** If yes, and claiming Military Preference Points, specify:

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

Please Indicate: ☐ 5 preference points ☐ 10 preference points

**2. PREFERENCE POINTS FOR PERSONS WITH DISABILITIES** (Applicable only for initial employment)

**Do you wish to claim preference points?** If yes, and claiming Disability Preference Points, specify: _____

Date of Certification: _____

APPROVAL OF POINTS IS SUBJECT TO VERIFICATION. PLEASE SUBMIT THE APPROPRIATE DOCUMENTS AS REQUSTED UNDER "GENERAL INSTRUCTIONS & INFORMATION" FOR THE TYPE OF PREFERENCE POINTS YOU ARE CLAIMING.

**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** **DATE**

(sign in blue/black ink)

Government of Guam

# FOR TEACHING POSITION(S)

**FORM A2**

**INSTRUCTIONS:** (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: | Kindergarten: ☐ | 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: | ☐ Elementary ☐ Secondary | ☐ Post - Secondary | EMPLOYMENT TYPE: |
| ☐ Guidance Counselor: | ☐ Elementary ☐ Secondary | ☐ Post - Secondary | ☐ Full-Time Regular |
| ☐ School Librarian: | ☐ Elementary ☐ Secondary | ☐ Post - Secondary | ☐ Full-Time Limited Term |
| ☐ School Health Counselor: | ☐ Elementary ☐ Secondary | ☐ Post - Secondary | ☐ Part-Time Regular |
| ☐ On-Call Substitute Teacher: | ☐ Elementary ☐ Secondary | ☐ Post - Secondary | ☐ Part-Time Limited Term |
| ☐ Headstart Teacher: | ☐ Other: | | ☐ Part-Time Summer |

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## Government of Guam

# VOLUNTARY DATA RECORD SURVEY

## (EQUAL EMPLOYMENT OPPORTUNITY DATA)

**FORM A1**

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.

**1. POSITION TITLE APPLIED FOR:** _____

**2. JOB ANNOUNCEMENT NO.:** _____ **DATE:** _____

**3. CITIZENSHIP:**

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

**4. HOW DID YOU LEARN OF THE JOB FOR WHICH YOU ARE APPLYING?**

- ☐ Job Information Bulletin Board, Government Agency. Specify: _____
- ☐ Department of Administration, Division of Personnel Management Job Information Counter
- ☐ One Stop Career Center, Department of Labor
- ☐ Job Announcement. Specify where seen: _____
- ☐ Newspaper Announcement. Specify: _____
- ☐ Relative, Friend, or Government Employee
- ☐ Other. Specify: _____

**5. SEX:**

- ☐ Male
- ☐ Female

**6. 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
- ☐ Carolinian
- ☐ Chamorro
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Micronesian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other _____

**9. MARITAL STATUS:**

- ☐ Single
- ☐ Married

**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.**