



## 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.

#### **Filling in the Application:**

Complete this application by printing in black/blue ink or typing. Give full and complete information. Your failure to do so may result in your being denied admission to an examination for which you are eligible. The information given must be true and correct; false statements are the basis for rejection of your application or removal from employment with the Guam Visitors Bureau. For questions that do not apply to you, write in N/A (Not Applicable). When submitting your resume in person, please be sure to place all relevant documents in a sealed envelope with your name and the position title that you are applying for.

#### **Mailing of Notices:**

The Guam Visitors Bureau will send all notices via email. Be sure to check your email regularly. EXCEPTION WILL NOT BE MADE IF YOU FAIL TO RECEIVE A NOTICE THAT WAS PROPERLY EMAILED TO YOU. Address all communications to:

Guam Visitors Bureau  
Attention: President and CEO  
401 Pale San Vitores Road  
Tumon, Guam, 96913

To ensure that notices are addressed correctly, you must inform the Guam Visitors Bureau of any change in your email address, contact information, or mailing address.

#### **Required Documents:**

To validate credentials you may claim, (example: High School Diploma/GED Certificate, College Degree, College Transcripts, DD-214), an original/copy or certified copy of the document(s) must accompany the application. Failure to provide proof may result in your disqualification. If selected, you will be required to submit a recent Police, Court Clearance, and confirmation of your COVID-19 vaccination status.

#### **Preference Points:**

If you wish to claim Veteran's Preference, you must provide the Guam Visitors Bureau a copy of your DD Form 214, Armed Services for the United States Report of Transfer or Discharge. To be eligible for veteran's preference, a person must have completed at least 180 consecutive days of service in the Armed Forces of the United States and must have received an honorable or general discharge.

If you wish to claim Persons with Disability Preference, you must complete and submit the Government of Guam Persons with a Disability Certification Form. This may be obtained from the Department of Administration, Personnel Services Division.

Preference points shall not be granted unless proof of eligibility is submitted. Preference points are not given unless minimum qualification requirements are met. For positions requiring written, physical agility, typing, stenography, or oral test, a passing score must be obtained before any preference points are granted.



# 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.	Qtr. Hrs.	Major Graduate College Courses	Sem. Hrs.	Qtr. 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
------	---------	-------

---

---

---

---

**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**

<b>Name:</b>	<b>Social Security Number:</b>	<b>Agency:</b>	<b>Position Title:</b>
--------------	--------------------------------	----------------	------------------------

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 applied for. If more space is needed, attach an additional sheet and reference the appropriate question.

**DISMISSAL FROM EMPLOYMENT/DISHONORABLE SEPARATIONS FROM MILITARY SERVICE**  
Within the past seven years, were you:

1. Discharged (fired) from employment for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Asked to resign (quit) after being informed that your employer intended to discharge (fire) you for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Separated from military service under conditions other than honorable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "yes" to any of the questions above, please give:  
Employer's Name/address: \_\_\_\_\_  
Date of Action: \_\_\_\_\_ Reason in each case: \_\_\_\_\_

**CONVICTION FOR VIOLATION OF LAW**

Have you been convicted of one or more violations of law (e.g., felony, misdemeanor, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

In answering this question, also consider that you may answer "NO" if the following applies:  
1. All offenses FOR which you were tried were as a minor or juvenile  
2. All convictions were annulled or expunged (however see note below)  
Note: If you were previously convicted of a felony and had your conviction expunged, you are not eligible to be employed in any peace officer position (4 GCA 4203.1). In addition, if you were administratively pardoned of any crime, you are not eligible to be employed as a police officer (10 GCA 77 11 4. Please do not apply for these positions.

Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State/Government of Guam or the federal government by force or violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If "yes" to any of the above, you must submit a Police Clearance no older than one month from the application date. Also you must attach an additional sheet of paper to this form explaining the incident including dates, circumstances, and the penalty imposed.

**FAMILY MEMBERS IN THE GOVERNMENT**

Does the agency that you are applying for currently employ, in any capacity, any immediate member of your family	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

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	Relationship	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, and correct to the best of my knowledge.  
(Print Name)

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 DATE (sign in blue/black ink)

\_\_\_\_\_  
DATE

# Guam Visitors Bureau PREFERENCE POINTS

## Request Form

FORM A3

Revised: 2/12

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:
-------	-------------------------	-----------------	----------------------

### 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