READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE APPLICATION

Please answer all items on this application, where applicable. Please take the time to list relevant information including work history, personal/professional references, completely. All information provided by the applicant on this form may be subjected to verification.

We take all appropriate actions to comply with all law of the Territory of Guam and the United States Federal Government in regards to employment practices. GSP is an equal opportunity company and does not discriminate.

**PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONAL INFORMATION | | | | | |
| NAME: (LAST) | (FIRST) | | (MI) | | DATE |
| ADDRESS: (NUMBER AND STREET NAME, APT. NO.) | | | | | |
| (CITY) | | (STATE) | | (ZIP CODE) | |
| TELEPHONE NUMBER:  HOME: ( ) - CELL: ( ) - | | | DATE OF BIRTH: | | |
| HAVE YOU APPLIED FOR A POSITION AT GSP IN THE PAST YES NO | | | | | |
| ARE YOU LEAGALLY AUTHORIZED TO WORK IN THE UNITED STATES YES NO | | | | | |
| ARE YOU 18 YEARS OR OLDER YES NO l SOCIAL SECURITY NUMBER : | | | | | |

|  |  |
| --- | --- |
| POSITIONS DESIRED | |
| POSITION(S) APPLYING FOR  1. | STATUS DESIRED  FULL TIME PART TIME ON CALL TEMP |
| 2. | SHIFT PREFERENCE  DAY EVENING ROTATION WEEKEND |
| 3. | WHEN CAN YOU BEGIN WORK: |
| MINIMUM ACCEPTABLE SALARY: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EDUCATION | | | | |
| TYPE OF SCHOOL | NAME AND ADDRESS OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | MAJOR COURSE/DEGREE OBTAINED |
| HIGH SCHOOL |  |  |  |  |
| UNDERGRAD. COLLEGE/UNIV. |  |  |  |  |
| GRADUATE OR COLLEGE/UNIV. |  |  |  |  |
| TECH. TRAINING INSTITUTE |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMPLOYMENT HISTORY | | | | | |
| 1. EMPLOYER NAME: | | ADDRESS: | REASON FOR LEAVING:  CHECK HERE IF WE CAN CONTACT THIS EMPLOYER | | |
| DATES OF EMPLOYMENT  FROM:  TO: | JOB TITLE:  DEPARTMENT:  SUPERVISOR: | | | STATUS:  FULL TIME  PART TIME  ON CALL  TEMP | SALARY: $  PER HOUR  PER YEAR |
| DESCRIBE YOUR WORK: | | | | | |
| 2. EMPLOYER NAME: | | ADDRESS: | REASON FOR LEAVING:  CHECK HERE IF WE CAN CONTACT THIS EMPLOYER | | |
| DATES OF EMPLOYMENT  FROM:  TO: | JOB TITLE:  DEPARTMENT:  SUPERVISOR: | | | STATUS:  FULL TIME  PART TIME  ON CALL  TEMP | SALARY: $  PER HOUR  PER YEAR |
| DESCRIBE YOUR WORK: | | | | | |
| 3. EMPLOYER NAME: | | ADDRESS: | REASON FOR LEAVING:  CHECK HERE IF WE CAN CONTACT THIS EMPLOYER | | |
| DATES OF EMPLOYMENT  FROM:  TO: | JOB TITLE:  DEPARTMENT:  SUPERVISOR: | | | STATUS:  FULL TIME  PART TIME  ON CALL  TEMP | SALARY: $  PER HOUR  PER YEAR |
| DESCRIBE YOUR WORK: | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REFERENCES | | | | |
| PLEASE LIST TWO PROFESSIONAL REFERENCES AND ONE PERSONAL REFERENCE. DO NOT LIST RELATIVES AS REFERENCES | | | | |
| **NAME** | **RELATIONSHIP** | **CONTACT #** |  | **EMAIL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION OR ANY DOCUMENTATION UTILIZED TO SECURE EMPLOYMENT WILL RESULT IN GROUNDS FOR REJECTION OF THIS APPLICATION OF IMMEDIATE TERMINATION, IF I AM EMPLOYED. I AUTHORIZE GSP TO THOROUGHLY INVESTIGATE THE INFORMATION ON THIS APPLICATION. I RELEASE GSP, MY FORMER EMPLOYERS AND ALL OTHER PERSONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY RELATION TO SUCH INVESTIGATION. I UNDERSTAND THAT IF CONSIDERED FOR EMPLOYMENT, I MAY BE REQUIRED TO PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES LEGALLY, HEALTH STATUS, COMPLY WITH PRE-EMPLOYMENT ACTIVIES THAT INCLUDE CRIMINAL BACKGROUND CHECKS AND DRUG SCREENINGS, TO SIGN A CONFLICT OF INTERESTED AGREEMENT AND ABIDE BY ALL TERMS AND CONDITIONS OF EMPLOYMENT.

I UNDERSTAND AND AGREE TO THE INFORMATION SHOWN ABOVE.

APPLICANT NAME (PRINT) APPLICANT SIGNATURE DATE