



Facilities Support Services  
 P.O. Box L, Hagatna, Guam 96932  
 Tel: (671) 646-6083/4/5 Fax: (671) 646-6097

## EMPLOYMENT APPLICATION FORM

*Various federal and territorial laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability, martial status, or political affiliation. Your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking. Further, programs, services and employment are available equally to everyone. Therefore, please inform the Human Resources Office if you require reasonable accommodation to the application or interview. GFS Group is an equal opportunity employer.*

1. Position applied for \_\_\_\_\_  
(one per application)

2. Second \_\_\_\_\_

3. Social Security No. \_\_\_\_\_  
(Note: Completion of number three is optional. Failure to submit social Security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name \_\_\_\_\_  
Last First Middle

6. Home Phone ( ) \_\_\_\_\_

5. Address \_\_\_\_\_  
City State Zip

7. Business ( ) \_\_\_\_\_

8. E-mail Address \_\_\_\_\_

9. **EDUCATION**

a. Check highest grade completed  8  9  10  11  12 School: \_\_\_\_\_ Year Completed \_\_\_\_\_

b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No Date Received \_\_\_\_\_

Higher Education	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

c. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

10. Available for employment date: \_\_\_\_\_

11. Type of work schedule: Full Time  Part Time  On-Call

12. Do you have a valid driver's license? Yes  No

13. Are you a citizen of the United States or do you have a legal and necessary document to work in the United States? Yes  No   
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986)

14. Have you ever been discharged by any company? Yes  No  If yes, give name of company(ies) and reason for discharge:  
 \_\_\_\_\_  
 \_\_\_\_\_

*Answering yes does not constitute an automatic rejection to employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.*

15. Have you ever been convicted of a crime other than a minor traffic violation? Yes  No  If yes, explain offense and disposition:  
 \_\_\_\_\_  
 \_\_\_\_\_

16. If you are under 18 years of age, state your date of birth \_\_\_\_\_

**Most Recent Job Experience**

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time  Part-time  Hours/week \_\_\_\_\_ Your name if different (at the time) \_\_\_\_\_

May we contact your present supervisor?  Yes  No

b. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

\_\_\_\_\_

\_\_\_\_\_

**17. REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**18. MISCELLANEOUS**

a. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.

b. If you are/were required to register for the Selective Service, have you done so?  Yes  No. If no, state reason:

\_\_\_\_\_

c. Are you a veteran who received an honorable discharge  Yes  No and has provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the National Guard?  Yes  No or has a service-connected disability rating fixed by the United States Veterans Affairs?  Yes  No.  
If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?  Yes  No

**19. CERTIFICATION--Each Application Requires Current Date and Original Signature. I understand that with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education background, credit record and/or criminal record. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand also, that I am required to abide by all the rules and regulations of GFS Group. I understand that receipt of this application by GFS Group does not imply employment and that this application and/or any other GFS Group documents are not contracts of employment.**

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_

Name \_\_\_\_\_ Announcement Number \_\_\_\_\_

Job Title \_\_\_\_\_

Duties: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Full-time  Part-time  Hours/week \_\_\_\_\_

Your name if different (at the time) \_\_\_\_\_

Job Title \_\_\_\_\_

Duties: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Full-time  Part-time  Hours/week \_\_\_\_\_

Your name if different (at the time) \_\_\_\_\_

Job Title \_\_\_\_\_

Duties: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Full-time  Part-time  Hours/week \_\_\_\_\_

Your name if different (at the time) \_\_\_\_\_



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## Voluntary/Confidential Form For Government Reporting Purposes

To: All Applicants

Federal law requires that we maintain an Affirmative Action Program. Accordingly, we request that you complete this form. Completion of this form is strictly voluntary. This information will be kept confidential and your disclosure of it, or refusal to provide it, will in no manner affect your employment relationship with GFS Group.

GFS Group is an equal opportunity employer/affirmative action employer in all of its employment and personnel actions. We encourage people of all ethnic backgrounds to pursue opportunities with our company. This information will be used only in accordance with applicable regulations. If you have any questions, please let us know.

1. Name: \_\_\_\_\_ 2. Date: \_\_\_\_\_

3. Position Applying For: \_\_\_\_\_

4. Gender:      Male          Female   

Ethnic Identification: Please check one. The information below is to comply with Title VII of Executive Order 11246, Office of Federal Contract Compliance Program’s Rules and Regulations 41 CFR 60-1 (as amended for Affirmative Action Reporting Programs), and Executive Order of the President, Office of Management and Budget’s (OMB) Directive Number 15.

5. Race: Please Check One

- White (Not of Hispanic Origin) – Includes persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups
- Asian or Pacific Islanders – All persons having origins in any of the original peoples of the Far East, Southwest Asia and Indian Subcontinent of the Pacific Islands. This also includes, for example, China, Japan, and Korea, the Philippine Islands, Samoa and India.
- American Indian or Alaskan Native – Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

6. Veteran Status: (Check if Applicable)

- Special Disable Veteran
- Vietnam Era Veteran
- Other Eligible Veteran (specify military operation/campaign)

7. How did you learn about this opening?

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