

EMAIL: \_\_\_\_\_



# APPLICATION FOR EMPLOYMENT

Position applying for: \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER

PERSONAL	FULL NAME - LAST		FIRST		MIDDLE				
	MAILING ADDRESS			CITY	CITY	ZIP CODE	CONTACT TELEPHONE NO. (INCL. AREA CODE)		
	LIST PREVIOUS ADDRESS FOR THE LAST 6 YEARS IF DIFFERENT FROM ABOVE					TIME TO CALL <input type="checkbox"/> AM <input type="checkbox"/> PM			
						ALTERNATIVE CONTACT TELEPHONE NO. (INCL. AREA CODE)			
						TIME TO CALL <input type="checkbox"/> AM <input type="checkbox"/> PM			
HOW WERE YOU REFERRED TO SPPC?					ARE YOU 18 YEARS OLD OR OLDER?				
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT		U.S. CITIZEN/PERMANENT RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		ALIEN REGISTRATION NO.					
U.S. MIL.	BRANCH OF SERVICE		FROM (MO./YR)	TO (MO./YR)	RANK ON ENTRY	RANK ON DISCHARGE			
	WHAT KIND OF DUTY (ESPECIALLY IF TECHNICAL IN NATURE)?				WHAT SPECIALIZED TRAINING DID YOU RECEIVE?				
	IF DISCHARGE WAS DISHONORABLE, PLEASE GIVE DETAILS								
POSITION/SKILLS	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> REGULAR FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME		SALARY EXPECTED		DATE AVAILABLE FOR WORK				
					CAN YOU? PERFORM SHIFT WORK? WORK OVERTIME (IF NECESSARY)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	POSITION APPLIED FOR AND NO. OF YEARS EXPERIENCE IN THIS WORK					GEOGRAPHICAL LOCATION PREFERENCE (IF ANY) <small>CIRCLE ONE AREA</small>			
						NORTHERN GUAM CENTRAL GUAM SOUTHERN GUAM			
SPECIALIZED SKILLS (COMPLETE IF APPLICABLE TO POSITION DESIRED)		TYPING WPM	DICTATION WPM	OFFICE MACHINES OPERATED					
		OTHER MACHINES OPERATED		OTHER SKILLS					
EDUCATION	NAME AND LOCATION OF HIGH SCHOOL, IF YOU ARE NOT A HIGH SCHOOL GRADUATE, INDICATE TOTAL YEARS OF SCHOOLING COMPLETED					GRADUATION DATE (MO./YR)			
	NAME AND LOCATION OF COLLEGE/TRADE OR BUSINESS SCHOOL			DATE (MO./YR)		FIELDS OF STUDY		GRADUATION	
				FROM	TO	MINOR	MINOR	DEGREE	DATE (MINOR)
ACTIVITIES	LIST SPECIAL ACADEMIC HONORS AND SOCIETIES: SCHOOL, CIVIC OR BUSINESS ACTIVITIES, AND OFFICES HELD (EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SE. (OR NATIONAL ORIGIN))								
	SUBJECT OF SPECIAL STUDY OR RESEARCH, COLLEGE OR OTHER								
HOBBIES/LEISURE TIME INTEREST									

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETEREANS AND INDIVIDUALS WITH PHYSICAL AND MENTAL HANDICAPS**

Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, which requires the contractor to take an affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. If you are a disabled veteran or have a physical or mental handicap and are scheduled for a personal interview, you are invited to volunteer this to the employment representative at the time of the interview. You may also provide information on the skills and/or procedures you use or intend to use to perform the job for which you are applying and the nature and type of accommodations which you feel an employer may need to make in order to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

<b>EMPLOYMENT</b>	Give employment record over last 10 years, starting with your recent or last employer. Include summer employment. (If space is insufficient, list on separate page or attach resume.) For any unemployed or self-employed periods, show dates and locations.					
	DATE - FROM & TO		EMPLOYER'S NAME & ADDRESS - CITY & STATE	POSITION	SALARY	GIVE SPECIFIC REASON FOR LEAVING
	FR	MONTH	YEAR	NAME - PRESENT OR LAST EMPLOYER		
				ADDRESS & TELEPHONE NUMBER		
	TO			NAME OF SUPERVISOR		
	FR			NAME - PRESENT OR LAST EMPLOYER		
				ADDRESS & TELEPHONE NUMBER		
	TO			NAME OF SUPERVISOR		
FR			NAME - PRESENT OR LAST EMPLOYER			
			ADDRESS & TELEPHONE NUMBER			
TO			NAME OF SUPERVISOR			
FR			NAME - PRESENT OR LAST EMPLOYER			
			ADDRESS & TELEPHONE NUMBER			
TO			NAME OF SUPERVISOR			

<b>REFERENCES</b>	Give names of three persons to whom you are not related and by whom you have not been employed. These people should have known you for several years.				
	NAME - INITIALS	LAST NAME	ADDRESS - STREET, CITY, STATE, ZIP CODE	OCCUPATION	YEARS OF ACQUAINTANCE
	A.				
	B.				

Names of our employees you know best or have relations to.				
NAME	LOCATION	NAME	LOCATION	
A.		B.		

<b>ADDITIONAL INFORMATION</b>	May we call your present employer?	NOW <input type="checkbox"/> YES <input type="checkbox"/> NO	LATER <input type="checkbox"/> YES <input type="checkbox"/> NO

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from the Company's service if I have been employed. I understand that employment is subjected to physical examination in which my health is found to be satisfactory to the Company. I understand that if I am employed, evidence of U.S. citizenship or U.S. resident status and a birth certificate or other evidence of date of birth will be required. I understand that in the absence of a written agreement to the contrary, my employment status is that of an employee-at-will with no contractual right, express or limited, to remain in the Company's employ. In consideration of my employment, I specifically agree that my employment may be terminated-with or without cause-at any time, at my option or at the option of the Company. I understand that no unauthorized representative may enter into any agreement for employment or make any agreement contrary of the foregoing.

<b>SIGNATURE</b>	<b>DATE SIGNED</b>
<b>X</b>	

This is to inform you that as part of our procedure for processing your employment application it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure additional disclosure of additional information concerning the nature and scope of the investigation.

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race, and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.