GUAM POWER AUTHORITY

EMPLOYMENT APPLICATION

Revised: 1/2018

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 being submitted must comply with 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 maybe 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 generally prohibited, exceptions maybe based upon a valid appeal. You must sign and date your application. In addition, you must fill out, sign and date the "Suitability Determination" form. Failure to fill out, sign & date in these two areas will result in your application being rejected.**

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 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. Refer to the specific job announcement for all required documents needed. If selected, you will be required to submit recent Police & Court Clearances.

High school diploma/Skills Assessment Certificate - Pursuant to P.L. 26-87 (effective May 17, 2002) and as amended by P.L. 31-254: Applicant must possess a high school diploma or a successful completion of a General Educational Development (GED) Test, or any equivalent of a general high school program, or a successful completion of a certification program, from a recognized accredited or certified technical institution in a specialized field required for the job. For entry level positions, a formal nationally recognized foundational skills assessment shall be required for consideration for employment.

PROHIBITION: Pursuant to P.L. 28-98, "No Person convicted of a sex offense under the provisions of Chapter 25 of Title 9 GCA, or an offense as defined in Article 2 of Chapter 28, Title 9 GCA in Guam, or an offense in any jurisdiction which includes, at a minimum, all of the elements of said offenses, or who is listed on the Sex Offender Registry shall work in any agency or instrumentality of the Government of Guam".

U.S. MILITARY PREFERENCE POINTS

As a veteran of the Armed Forces of the United States or a member of the Guam Police Combat Patrol, your are entitled to claim five (5) 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 Member 4, which indicates your service dates and character of service. To claim an addtional five (5) points for disablility, 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. **(Reference: Section 6, P.L. 31-177, amends 4 GCA §4104(b)).**

PREFERENCE POINTS FOR PERSONS WITH DISABLITIES

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. (Reference: Section 6, P.L. 31-177, amends 4 GCA §4104(b)).**

WORK ELIGIBILITY UPON SELECTION

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 GovGuam 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		• Government of Guam I.D. Card		• "Green Card"
• Naturalization Card		• Driver's License		• Original Social Security Card
		• Other Proof of Work Eligibility		

If you have any questions, please contact the Guam Power Authority, Human Resources Division, P.O. Box 2977, Hagatna, GU 96932.
Telephone number: (671) 648-3130, fax number: (671)648-3160

FORM AI

GOVERNMENT OF GUAM
VOLUNTARY DATA RECORD SURVEY
(EQUAL EMPLOYMENT OPPORTUNITY DATA)

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 within the Equal Employment Opportunity (EEO) Department, 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, Human Resources Division Job Information Counter
- ☐ One Stop Career Center, Department of Labor
- ☐ Job Announcement. Specify where seen:_____
- ☐ News paper Announcement. Specify:_____
- ☐ Relative, Friend, or Government Employee
- ☐ Other. Specify:_____

5. SEX:

☐ Male ☐ Female

6. MARITAL STATUS:

☐ Single ☐ Married

7. AGE:

- ☐ 17 years and below
- ☐ 18 years to 39 years
- ☐ 40 years and above

8. ETHNIC ORIGIN:

- ☐ Non-Resident Alien. Specify Country: _____
- ☐ HISPANIC or LATINO = A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ WHITE (NOT HISPANIC or LATINO) = A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ BLACK or AFRICAN AMERICAN (NOT HISPANIC or LATINO) = A person having origins in any of the black racial groups of Africa.
- ☐ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (NOT HISPANIC or LATINO) = A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ ASIAN (NOT HISPANIC or LATINO)= A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ AMERICAN INDIAN or ALASKA NATIVE (NOT HISPANIC or LATINO) = A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
- ☐ TWO OR MORE RACES (NOT HISPANIC or LATINO) = All persons who identify with more than one of the above five races.

The government of Guam is an Equal Employment Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex (sexual harassment and orientation), national origin, age, physical or mental disability, marital status, political affiliation, or retaliation, except for positions requiring bona fide occupational qualifications.

EMPLOYMENT APPLICATION

GOVERNMENT OF GUAM

FORM A

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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
Police Clearance	Y	N	N/A
Court Clearance	Y	N	N/A
Other: _____	Y	N	

APPLICATION # :

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.**:

6. **MAILING ADDRESS**: P.O. Box or Street Number City State Zip Code

7. **HOME ADDRESS**: Street Number City State Zip Code

8. **PHONE NO.**: Home	Work:	Fax:	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:

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.** If additional space is needed, continue on item #12, or a separate sheet(s) and attach to application.

A. **NAME OF EMPLOYER/MAILING ADDRESS** (Check one:) ☐ Present or ☐ Last Employer	**Telephone No**.: **Immediate Supervisor**:	**From:** Mo _____ Day _____ Year _____ **To**: Mo _____ Day _____ Year _____ **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**	**Telephone No**.: **Immediate Supervisor**:	**From:** Mo _____ Day _____ Year _____ **To**: Mo _____ Day _____ Year _____ **HRS. WORKED PER WEEK**: _____
Position Title:	**Salary**:	**Reason for Leaving:**
Type of Business:	**This Position Is**: ☐ Supervisory ☐ Non-Supervisory / ☐ Permanent ☐ Temporary	

Specific Duties Performed and Percentage of Time Spent:	%

C. **NAME OF FORMER EMPLOYER/ MAILING ADDRESS**	**Telephone No**.: **Immediate Supervisor**:	**From:** Mo _____ Day _____ Year _____ **To**: Mo _____ Day _____ Year _____ **HRS. WORKED PER WEEK**: _____
Position Title:	**Salary**:	**Reason for Leaving:**
Type of Business:	**This Position Is**: ☐ Supervisory ☐ Non-Supervisory / ☐ Permanent ☐ Temporary	

Specific Duties Performed and Percentage of Time Spent:	%

11. **WORK EXPERIENCE** (con't)

D. **NAME OF FORMER EMPLOYER/ MAILING ADDRESS:**	**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:	**This Position Is**: ☐ Supervisory ☐ Non-Supervisory / ☐ Permanent ☐ Temporary	
Specific Duties Performed and Percentage of Time Spent:		%

E. **NAME OF FORMER EMPLOYER/ MAILING ADDRESS**	**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:	**This Position Is**: ☐ Supervisory ☐ Non-Supervisory / ☐ Permanent ☐ Temporary	
Specific Duties Performed and Percentage of Time Spent:		%

F. **NAME OF FORMER EMPLOYER/ MAILING ADDRESS:**	**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:	**This Position Is**: ☐ Supervisory ☐ Non-Supervisory / ☐ Permanent ☐ Temporary	
Specific Duties Performed and Percentage of Time Spent:		%

12. **USE THIS BLOCK TO CONTINUE YOUR RESPONSES TO ANY NUMBERED SECTIONS OR ITEMS:** (Please specify No. of item.)

13. **INDICATE WHAT TYPE OF EMPLOYMENT YOU ARE WILLING TO ACCEPT IF OFFERED?**

- ☐ **Probationary** (leading to permanent employment)
- ☐ **Limited Term** (employment up to 1 year)
- ☐ **Temporary** (employment up to 120 working days)
- ☐ **Part-time** (less than 40 hours per week)
- ☐ **On-call, Seasonal, Intermittent, or Provisional** (as required by agency)

14. **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: _____
2. Department/Agency: _____ Position Title: _____ Year: _____
3. Department/Agency: _____ Position Title: _____ Year: _____

☐ YES
☐ NO
☐ N/A

FOR FACULTY AND ADMINISTRATIVE POSITIONS IN EDUCATIONAL INSTITUTIONS ONLY

15. 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.

16. **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

17. 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

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 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 an abilities 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 any relevant laws and 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.

Drug Screening: Upon selection for employment into the government of Guam, you must take and pass urinalysis testing for illegal use of drugs. In addition, government 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.

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 or termination from employment.

Background Investigation: When you sign this job application, you authorize the governement ot seek and obtain information regarding your suitability for employment. All factors which are job related may be investigated (e.g., previous employment and educational credentials). 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 relative to your suitability for employment.

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, Limited Term, part-time and on-call employees do not serve a probationary period and are subject to termination at will.**

18. 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 government of Guam.

_____ _____

SIGNATURE OF APPLICANT (sign in blue/black ink) **DATE**

19. PERSONAL CONTACT
(Optional: In the event that we are unable to contact you, please give two names for reference.)

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP

Government of Guam

SUITABILITY DETERMINATION

Name:	Social Security Number:	Agency:	Position Applied For:

The following information will be used to determine your suitability for employment. 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.

1. DISMISSAL FROM EMPLOYMENT/DISHONORABLE SEPARATION FROM MILITARY SERVICE

Within the past seven years, were you:

Discharged (Fired) from employment of any reason? ☐ YES ☐ NO

Asked to resign (quit) after being informed that your employer intended to discharge (fire) you for any reason? ☐ YES ☐ NO

Separated from military service under conditions other than honorable? ☐ YES ☐ NO

If "yes" to any of the questions above, please give:

Employer's Name/Address: _____

Date of Action: _____ Reason in Each Case: _____

2. FAMILY MEMBERS IN THE GOVERNMENT

Does the agency that you are applying for currently employ, in any capacity, any immediate member of your family? ☐ YES ☐ NO

If "yes" please list the names(s), relationship, and position title. (The purpose of this question is to avoid violation of the Nepotism Rule, or related statutes, whereby spouses and person 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	POSITION 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, complete,
(PRINT NAME)
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 rating me ineligible or for dismissing me after an appontment.

_____ _____

SIGNATURE OF APPLICANT **DATE**

(sign in blue or black ink)

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. 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