



EMPLOYMENT APPLICATION

HR USE ONLY
Date Received: _____
Notes: _____

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE APPLICATION:

Please answer all items on this application, where applicable. Take time to list pertinent information, including references, carefully and completely. **Failure to do so may prevent consideration for a position for which you are applying.** All information provided by the applicant on this form is subject to verification. Inability on our part to confirm statements made by you may prevent consideration for employment.

We take all appropriate action to comply with all applicable laws of the Territory of Guam and the United States Federal Government regarding employment practices. Guam Regional Medical City (GRMC) is an equal opportunity employer and does not discriminate on the basis of age, race, religion, sex, color, national origin, mental or physical disability, political affiliation, sexual orientation, matriculation, marital status, family responsibility, or personal appearance.

PLEASE ANSWER ALL APPLICABLE QUESTIONS COMPLETELY. PLEASE TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK.

PERSONAL				
NAME: (LAST)	(FIRST)	(MI)	DATE OF APPLICATION	
APPLICATION ADDRESS: (NUMBER AND STREET NAME, APARTMENT NO)				
(CITY)			(STATE)	(ZIP CODE)
TELEPHONE NUMBER: HOME: () - WORK: () - CELL: () -			E-MAIL ADDRESS:	
HAVE YOU EVER APPLIED FOR A POSITION AT GUAM REGIONAL MEDICAL CITY <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE ANY RELATIVES WHO WORK FOR GUAM REGIONAL MEDICAL CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, PLEASE PROVIDE NAME AND RELATIONSHIP	
HAVE YOU BEEN EMPLOYED BY A HOSPITAL PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES	DEPARTMENT	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> WALK-IN <input type="checkbox"/> GRMC WEBSITE <input type="checkbox"/> OTHER <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> GRMC EMPLOYEE				
NAME			NAME	

POSITION(S) DESIRED			
POSITION(S) APPLYING FOR	DEPARTMENT:	STATUS DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON CALL <input type="checkbox"/> PER DIEM <input type="checkbox"/> TEMP	
1.		SHIFT PREFERENCE: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> ROTATING <input type="checkbox"/> WEEKEND	
2.		WHEN CAN YOU BEGIN WORK:	MINIMUM ACCEPTABLE SALARY:
3.			
<p>As the hospital is on a 7-day schedule, it may be necessary to work any shift, weekend, or holiday, as needed. Also, you may be hired for a specific work week or shift and later be required to change your work week or shift. Normally, you will be given a two-week notice of such a change.</p> <p>I accept these conditions of employment: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
IF NO, PLEASE EXPLAIN: _____			

EDUCATION / TRAINING				
Type of School	Name and Address of School	Years Attended	Did You Graduate	Major Study Course / Degree Obtained
High School				
Undergraduate College				

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or University				
Graduate College or University				
Technical Training Institution				
Specialized Certification or Training				
Specialized Certification or Training				
Specialized Certification or Training				

LICENSURE / REGISTRY INFORMATION

PLEASE COMPLETE IF LICENSURE IS REQUIRED FOR POSITION(S) YOU ARE SEEKING

TYPE	STATE	LICENSE NUMBER	ORIGINAL LICENSE NUMBER	MOST RECENT RENEWAL DATE	EXPIRATION DATE
1.					
2.					

HAVE YOU APPLIED FOR LICENSURE IN GUAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE APPLIED	
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HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO
 GIVE DATE(S) AND REASON:

A revocation or suspension of your license / registry will not necessarily be a bar to your employment. Your revocation or suspension will be discussed during the pre-employment interview process and GRMC will consider your revocation(s) or suspension(s) in making its hiring decision.

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY MUST BE FILLED OUT COMPLETELY. You may submit a resume to supplement your work history, but you must still answer the questions on this form. Be sure to include accurate information about where to locate immediate supervisors and references.

1. Employer Name:	Address:	Reason For Leaving:
	Phone #: () -	<input type="checkbox"/> Check here if GRMC can contact this employer

DATES OF EMPLOYMENT	Title:	STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Per Diem <input type="checkbox"/> On Call
From:	Department:	
To:	Supervisor:	

Describe Your Work:

2. Employer Name:	Address:	Reason For Leaving:
	Phone #: () -	<input type="checkbox"/> Check here if GRMC can contact this employer

DATES OF EMPLOYMENT	Title:	STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Per Diem <input type="checkbox"/> On Call
From:	Department:	
To:	Supervisor:	

Describe Your Work:

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3. Employer Name:		Address:		Reason For Leaving:	
				<input type="checkbox"/> Check here if GRMC can contact this employer	
		Phone #: () -			
DATES OF EMPLOYMENT From: To:		Title: Department: Supervisor:		STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Per Diem <input type="checkbox"/> On Call	
Describe Your Work:					
4. Employer Name:		Address:		Reason For Leaving:	
				<input type="checkbox"/> Check here if GRMC can contact this employer	
		Phone #: () -			
DATES OF EMPLOYMENT From: To:		Title: Department: Supervisor:		STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Per Diem <input type="checkbox"/> On Call	
Describe Your Work:					
5. Employer Name:		Address:		Reason For Leaving:	
				<input type="checkbox"/> Check here if GRMC can contact this employer	
		Phone #: () -			
DATES OF EMPLOYMENT From: To:		Title: Department: Supervisor:		STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Per Diem <input type="checkbox"/> On Call	
Describe Your Work:					
6. Employer Name:		Address:		Reason For Leaving:	
				<input type="checkbox"/> Check here if GRMC can contact this employer	
		Phone #: () -			
DATES OF EMPLOYMENT From: To:		Title: Department: Supervisor:		STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Per Diem <input type="checkbox"/> On Call	
Describe Your Work:					

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REFERENCES

PLEASE LIST TWO PROFESSIONAL REFERENCES AND ONE PERSONAL REFERENCE. DO NOT LIST RELATIVES AS REFERENCES

NAME	TITLE	ADDRESS	PHONE NUMBER	E-MAIL ADDRESS

DISCLOSURE / ACKNOWLEDGEMENT / AGREEMENT

1. I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
2. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION OR OMISSION OF INFORMATION ON THIS APPLICATION OR ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR IMMEDIATE DISCHARGE IF AM EMPLOYED; REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY
3. I HEREBY AUTHORIZE GUAM REGIONAL MEDICAL CITY (GRMC) TO THOROUGHLY INVESTIGATE THE INFORMATION ON MY APPLICATION, MY REFERENCES, WORK RECORD, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER AUTHORIZE THE REFERENCES THAT I HAVE LISTED TO DISCLOSE TO GRMC ALL LETTERS, REPORTS, AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. I HEREBY RELEASE GRMC, MY FORMER EMPLOYERS AND ALL OTHER PERSONS OR ENTITIES FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURES.
4. I UNDERSTAND THAT IF CONSIDERED FOR EMPLOYMENT, I MAY BE REQUIRED TO: PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES LEGALLY, PROVIDE PROOF OF HEALTH STATUS, COMPLY WITH GRMC'S PRE-EMPLOYMENT ACTIVITIES THAT INCLUDE CONSUMER, CRIMINAL BACKGROUND, AND DRUG SCREEN, TO SIGN A CONFLICT OF INTEREST AGREEMENT AND ABIDE BY ALL TERMS OF EMPLOYMENT.

I UNDERSTAND AND AGREE TO THE INFORMATION SHOWN ABOVE.

APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

DATE SIGNED