

APPLICATION FOR EMPLOYMENT



Name:
Position(s) applying for:
Date:

StayWell Guam, Inc. is an Equal Opportunity Employer. Qualified applicants are considered for all positions regardless of race, color, religion, sex, age, national origin, marital status, disability, or grounds protected by law.

PERSONAL INFORMATION

Name (Last, First M.I.)		Social Security Number	
Mailing Address	City	State	Zip Code
Contact Number (Day) (Evening)		(Cellular or Pager)	
Are you lawfully entitled to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>Proof of identity and employment eligibility will be required when you are hired.</i>	
Are you available to work full-time? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please indicate hours available to work.		Are you on lay-off and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DIPLOMA/DEGREE COMPLETED	SUBJECTS STUDIED
High School			
College/University			
Graduate/Prof.			

GENERAL

List any special skills or training that would be of benefit in the job for which you are applying.

Special Skills
Special Training
Professional licenses or certificates
List professional, trade, business or civic activities and offices held.

REFERENCES

Please give the name, address and phone number(s) of three references not related to you.

NAME	ADDRESS	PHONE NUMBER(S)	YEARS ACQUAINTED

Have you been convicted of a felony within the last seven years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain.
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NOTE: EVEN IF YOU ATTACH YOUR RESUME, YOUR APPLICATION WILL NOT BE REVIEWED UNLESS YOU COMPLETE THIS PAGE.

Employment Experience: List each job held starting with the most recent. Include military service assignments and volunteer activities. Exclude organizations, affiliated with ethnicity, national origin, sex or religion.

Name of Employer		
Address		Telephone
Date (To/From)	Salary	Job Title
Supervisor	Reason for Leaving	
Description of Work		

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AGREEMENT:

I certify that answers given in this application are true and correct to the best of my knowledge. I authorize the investigation to all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination.

I understand that I am required to abide by all policies, rules, and regulations of the company. I further understand and acknowledge that StayWell Guam, Inc. is an "at will" employer. This means that employment with StayWell Guam, Inc. is voluntarily entered into, and an employee is free to resign at any time, with or without cause. Similarly, StayWell Guam, Inc. may terminate the employment relationship at any time, with or without cause, and without any previous notice. Employees and StayWell Guam, Inc. are engaged in an "at will" employment relationship.

SIGNATURE

DATE

FOR EMPLOYER'S USE ONLY

HIRED (DATE) FOR	FOR POSITION
SALARY	WILL REPORT
APPROVED	DATE