

Employment Application



Position	Today's Date
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PERSONAL INFORMATION (please print or type)

Full Name

Mailing Address

Home Address

Home No. ()	Mobile No. ()	Email address (if any)
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Available to work Full-Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Best time to be contacted <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Preferred contact method (select all that apply) <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Email
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EDUCATION

Name of Educational Institute	Location (City/State)	Course of Study	Degree/Diploma
High School			
College			
College			
Graduate School			
Professional/Technical School			

PROFESSIONAL LICENSES/CERTIFICATES

Certificate	Number	State issued	Expiration Date (if applicable)

KNOWLEDGE, SKILLS & ABILITIES

Select all that apply

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Microsoft Office Programs | <input type="checkbox"/> Peachtree | <input type="checkbox"/> Multi-task | <input type="checkbox"/> Verbal Communication |
| <input type="checkbox"/> AS400 | <input type="checkbox"/> Quick Books | <input type="checkbox"/> Time management | <input type="checkbox"/> Written Communication |
| <input type="checkbox"/> MAS90 | <input type="checkbox"/> Credit Card Machine | <input type="checkbox"/> Attention to detail | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Xerox (copy/scan/fax) | <input type="checkbox"/> 10-key calculator | <input type="checkbox"/> Organizational Skills | _____ |

See how far we'll go.

APPLICANT NAME

EMPLOYMENT EXPERIENCE List your entire work history, including part-time and military assignments. List jobs in order by starting with your present job, or last job if you are unemployed.

1	Current or Most Recent Employer		Department	
	Address		Phone Number	
	Beginning Position Title	Ending Position Title	Immediate Supervisor/Manager	
	Start Date	End Date	Starting Salary	Ending Salary
	Description of Work			
2	Employer		Department	
	Address		Phone Number	
	Beginning Position Title	Ending Position Title	Immediate Supervisor/Manager	
	Start Date	End Date	Starting Salary	Ending Salary
	Description of Work			
3	Employer		Department	
	Address		Phone Number	
	Beginning Position Title	Ending Position Title	Immediate Supervisor/Manager	
	Start Date	End Date	Starting Salary	Ending Salary
	Description of Work			
4	Employer		Department	
	Address		Phone Number	
	Beginning Position Title	Ending Position Title	Immediate Supervisor/Manager	
	Start Date	End Date	Starting Salary	Ending Salary
	Description of Work			

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APPLICANT NAME

TELL US HOW YOU HEARD ABOUT US

<input type="checkbox"/> Newspaper (PDN/The Post)	<input type="checkbox"/> Social Media	<input type="checkbox"/> Referred By: _____
<input type="checkbox"/> Company Website	<input type="checkbox"/> Indeed.com	<input type="checkbox"/> Other _____

APPLICANT STATEMENT

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Employment Application can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

APPLICANT SIGNATURE	DATE OF SIGNATURE
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COMPANY STATEMENT

We are an equal opportunity employer. We prohibit discrimination and harassment of any type and afford equal employment opportunities to employees and applicants without regard to race, color, religion, sex (including pregnancy), national origin, disability status, protected veteran status or any other characteristic protected by law.

FOR OFFICE USE ONLY

Interview Date	Position
1st	
2nd	

Salary offer issued on:

<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Start Date:

Company
<input type="checkbox"/> SGI <input type="checkbox"/> SSI <input type="checkbox"/> IHIC

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Reference Release

FORM



Applicant Name	Employer
Dates of Employment	Supervisor/Manager
Employer Phone	Employer Email (if any)

The above named applicant is being considered for employment with StayWell Guam, Inc. (dba StayWell Insurance) and has listed your organization as a current or former employer. We would appreciate your verification and completion of this form. Information provided will be treated in strict confidence. We would like to make a special request that your response be emailed to Human Resources at hr@staywellguam.com at your earliest convenience. Thank you for your assistance.

APPLICANT'S AUTHORIZATION

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

APPLICANT'S SIGNATURE	DATE OF SIGNATURE
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RECORD OF EMPLOYMENT (To be completed by former employer)

Position Held	Dates of Employment	
Essential Duties		
Reason for Leaving	Salary at Separation	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Please rate the following</i>	Excellent	Good	Average	Fair	Poor
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

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