PUBLIC UTILITIES COMMISSION OF GUAM

EMPLOYMENT APPLICATION

APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONAIRE) AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL IN	FORMATION					
Name			Social Security			
Last	First	N	M.			
Present Address_						
	Street	City	State	Zip		
Permanent Addre	ess					
	Street	City	State	Zip		
Phone Number_	Alternate	e Number	Are you 18 years	or older?		
		LAWFULLY BEC OR IMMIGRATIO				
EMPLOYMEN	T DESIRED					
Position	Date you can start? Salary Desired					
Are you employe	ed now?	_				
If so, may we inc	quire of your prese	ent employer				
Have you ever ap	oplied at this comp	pany? Yes/No Wh	ere? W	/hen		
EDUCATION	NAME/LOCATION OF SCHOOL	DATES ATTENDED	DATE GRADUATED	SUBJECTS STUDIED		
Grammar School						
High School						
College						
Trade, Business or Correspondence School						

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rear. NAM	E	the name of three persons not r ADDRESS IERGENCY NOTIFY:	BUSINESS	YE	ARS QUAINTED
REFE year. NAMI				YE	ARS
ear.				YE	ARS
ear.				YE	ARS
ear.					
EFE	RENCES: Give	the name of three persons not r	related to you, v	whom you have kr	nown at least one
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, .	Do you nave t	an interest in define matter	s, ii so pieds	с оприш.	
) 1	Do you have :	an interest in utility matter	s: if so pleas	e explain	
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-					
-					
) '	Why do you v	vish to be employed with	the Public U	tilities Commis	sion of Guam?
)					
om					
Date, From To From To From From	Month & Year	Name & Address of Employe	r Salary	Position	Reason fo

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I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. AT ANY TIME BY THE COMPANY, I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS CHAIRMAN AND BOARD MEMBERS, HAVE ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT AND FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Signature	Date			
	DO NOT WRITE BELOW THIS LINE			
Interviewed by:	Date			
Remarks:				
Neatness	Ability			
HIRED: YES NO	Position <u>Administrative Assistant</u>			
SALARY/WAGE	DATE REPORTING TO WORK			