



Guma' Mami, Inc.

A NONPROFIT ORGANIZATION

Post Office Box FN, Hagatna, Guam 96932

Office: 477-1757/1505 • Facsimile: 477-4984

Email: gumamami@guam.net • Website: www.gumamami.org

APPLICATION FOR EMPLOYMENT

Non-Discrimination Statement

Guma' Mami, Inc. prohibits discrimination based on race, color, religion, creed, national origin, disability, marital status, age, gender, gender identity, sexual orientation, and military status in its recruitment, compensation, promotions and dismissal of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our board, staff, consumers and their families, volunteers, and vendors.

DO NOT WRITE (OFFICIAL USE ONLY)

Date Received: _____ **Received by:** _____

Driver's License YES NO N/A

High School Diploma/GED YES NO N/A

College Degree/Transcript YES NO N/A

UPON CONSIDERATION FOR HIRE:

Police Clearance - Received by & Date: _____

Court Clearance - Received by & Date: _____

Drug Test Result - Received by & Date: _____

PLEASE PRINT ALL INFORMATION REQUESTED (EXCEPT SIGNATURE)

Full Name: _____ **Date:** _____
First Middle Last

Mailing Address: _____
Number Street City State ZIP

Home Phone: _____ **Cell Phone:** _____ **Other Contact:** _____ **Email :** _____

Position Applying For: _____

Minimum Acceptable Salary:

Do you have a Guam Driver's License? YES NO

If yes, please indicate type: Operator Chauffeur Commercial (CDL)

Do you have a U.S. Social Security Number? YES NO

Are you a citizen of the United States of America? YES NO

Are you legally allowed to work on Guam and/or U.S.? YES NO

Have you been convicted of a crime? YES NO

*If YES, explain (number of convictions, nature of offenses leading to convictions, when, sentences imposed and type of rehabilitation, if any):

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (MAILING ADDRESS)	# OF YEARS COMPLETED	MAJOR & DEGREE
<i>High School</i>				
<i>College</i>				
<i>Bus. Or Trade School</i>				
<i>Professional School</i>				
<i>Other Training</i>				
EXPERIENCE				
<p>Have you ever worked for Guma' Mami, Inc.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*If YES, please indicate period of previous employment at Guma' Mami and explain why you no longer work here:</p>				
<p>Do you have any experience working with persons with disabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please explain:</p>				
NAME OF EMPLOYER & MAILING ADDRESS:		POSITION TITLE:		SUPERVISOR:
		_____		_____
		TEL. NUMBER:		SALARY:
		_____		_____
REASON FOR LEAVING:		DUTIES PERFORMED:		

NAME OF EMPLOYER & MAILING ADDRESS:	POSITION TITLE: _____	SUPERVISOR: _____
	TEL. NUMBER: _____	SALARY: _____
REASON FOR LEAVING:	DUTIES PERFORMED:	
NAME OF EMPLOYER & MAILING ADDRESS:	POSITION TITLE: _____	SUPERVISOR: _____
	TEL. NUMBER: _____	SALARY: _____
REASON FOR LEAVING:	DUTIES PERFORMED:	
NAME OF EMPLOYER & MAILING ADDRESS:	POSITION TITLE: _____	SUPERVISOR: _____
	TEL. NUMBER: _____	SALARY: _____
REASON FOR LEAVING:	DUTIES PERFORMED:	
NAME OF EMPLOYER & MAILING ADDRESS:	POSITION TITLE: _____	SUPERVISOR: _____
	TEL. NUMBER: _____	SALARY: _____
REASON FOR LEAVING:	DUTIES PERFORMED:	
NAME OF EMPLOYER & MAILING ADDRESS:	POSITION TITLE: _____	SUPERVISOR: _____
	TEL. NUMBER: _____	SALARY: _____
REASON FOR LEAVING:	DUTIES PERFORMED:	

Employment Status Desired: <input type="checkbox"/> Full-Time Only <input type="checkbox"/> Part-Time Only <input type="checkbox"/> Full or Part Time			
What days are you able to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Are you able to work:			
a) Day Time	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
b) Evening	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
c) Graveyard	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
*If you answer NO to any of the above, please explain:			
Are you physically capable of lifting 50lbs or more?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO, please explain:			
How comfortable are you with elements of Microsoft Office? Specify which you have used.			
How proficient are you in the use of photo and video design software?			
How soon are you available for work?			
Are you related to anyone currently employed at Guma' Mami?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
*If YES, please list names and your relation to them:			
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.			
 <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
REFERENCES: Please name TWO reference contacts who are not related to you:			
NAME	RELATION	TEL#	EMAIL ADDRESS
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by GUMA' MAMI, INC. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of GUMA' MAMI, INC., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and GUMA' MAMI, INC. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as random testing during employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of NINETY (90) DAYS, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

In addition, if any information I have provided is untrue, or if I have concealed material information, I understand that his will constitute cause for the denial of employment or immediate dismissal.

PRINT NAME

SIGNATURE

DATE

PLEASE ATTACH COPY OF YOUR VALID DRIVER'S LICENSE, HIGH SCHOOL OR COLLEGE DIPLOMA/TRANSCRIPT, AND ANY OTHER PERTINENT INFORMATION.