

To comply with the federal service contract requirements, we offer applicants the opportunity to complete this self-identification form to obtain certain demographic information. Providing the information is voluntary and will not be used when considering you for employment with our company. The information you provided will be kept confidential.

GENDER:							
MALE	FEMALE						
	LIVIALE						
EEO Self-Identification	Check which item (only one) that best applies to you:						
Hispanic or Latino- A person of the Cuban, Mexican, Puerto Rico, South or Central American, or other Spanish culture or origin, regardless of race.							
White (Not Hispanic or Latino)- A person having origins of the original peoples of Europe, the Middle East, or North American.							
Black or African American (Not Hispanic or Latino)- A person having origins in any of the black racial groups of Africa.							
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)- A person having origins in any of the of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.							
Asian (Not Hispanic or Latino)- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.							
American Indian or Alaska Native (Not Hispanic or Latino)- A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.							
<b>Two or More Races</b> (Not Hispanic or Latino) - All person who identify with more than one of the races above, excluding Hispanic or Latino.							
Veteran Status Information	Check item (only one) which best applies to you:						
I am an Armed Forces service medal veteran: A Veteran who, while serving active duty in the US military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded under Executive Order 12985.							
I am a recently separated veteran: Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the US military, ground, naval or air service.							
I am an other protected veteran. A veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.							
None of the above apply to n	1e.						

MIDDLE NAME



LAST NAME

## **Application For Employment**

Applications are kept for a one (1) year period.

A recent (within 30 days) copy of a court clearance will be required <u>upon conditional employment offer</u>.

PACIFIC ISLANDS CLUB – GUAM is an Equal Opportunity Employer and a Drug Free Workplace
We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Visit our webpage at www.picresorts.com

FIRST NAME

	HOME ADDRESS	Number	Street	Village/City	Territory/State	Zip Code				
	MAILING ADDRESS	Number	Street	Village/City	Territory/State	Zip Code				
	TELEPHONE NUMBER(S	5)	E-MAIL ADDRESS							
					[ ] Advertisement [ ] Walk-In	[] Internet				
			[ ] Employm	ent Agency [ ] Other		Name				
				YMENT HISTO						
Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Use a separate sheet of paper if necessary.										
1.	Employer	Address	•	Phone Number	Supervisor					
	Dates Employed (Mo/Yr) From To		Reason for	Leaving	Duties & Accomplishments					
2.	Employer	Address		Phone Number	Supervisor					
	Dates Employed (Mo/Yr) From To		Reason for	Leaving	Duties & Accomplishments					
3.	Employer	Address		Phone Number	Supervisor					
	Dates Employed (Mo/Yr) From To		Reason for	Leaving	Duties & Accomplishments					
			E	DUCATION						

Did you

graduate?

Degree

Received

Number of years

completed

Name & Location of School

Trade, Business, Professional

High School/GED

College/University

## **COMPETENCIES & OTHER QUALIFICATIONS**

List any foreign language, computer, software, technical, clerical, trade, certifications, licenses, honors, trainings, accomplishments, or other job related skills you posses along with your level of proficiency. (i.e. Health Certificate) [] Yes If yes, give date:\_\_\_\_\_ [] No Have you ever filed an application with us before? [ ] Yes If yes, give date:\_\_\_\_\_ [ ] No Have you ever been employed with PIC Guam before? 2. Do you have the legal right to work in Guam? []Yes []No 3. Do you have any relatives working at PIC? []Yes []No 4. Are you available to work: [] Full time [] Part time [] Shift Work [] Temporary 5. 6. On what date would you be available for work? \_\_\_ 7. Do you have any condition that will prevent you from performing the job for which you are applying? [] Yes [] No If you answered "Yes" to questions 4 or 7, explain below. **REFERENCES** Names and telephone numbers of three (3) references that are NOT related to you and are NOT previous employers. Relationship Phone number Name Name Relationship Phone number Relationship Phone number Name Release of Liability/Applicant's Statement I certify that answers given herein are true and complete. This application for employment shall be considered active for a period of time not to exceed 90 days. I hereby acknowledge that employment with Pacific Islands Club is of an "at will" nature, which means that I may resign at any time and that Pacific Islands Club may separate me at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Pacific Islands Club. I authorize Pacific Islands Club to investigate my personal, educational, financial, and employment background and I authorize my former employer and any other person, firm, corporation, institution or government agency to give Pacific Islands Club any information they may have about me. In consideration of Pacific Islands Club's review of my application for employment, I release Pacific Islands Club and all providers of information from all liability as a result of furnishing or receiving this information. In the event of employment, I understand that false, incomplete, or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all PIC policies, procedures, practices, rules and regulations. I authorize Pacific Islands Club to release information related to my employment status and performance during and after my term of employment with the Pacific Islands Club. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. **CONDITIONAL HIRE PROCESS** If you are selected for employment with PIC, it would be a conditional offer. The conditions would be based on passing the drug test and swim test (if applicable) [initial] **Applicant Signature** Date DO NOT WRITE IN THIS BOX Posted: \_\_\_\_\_ Screening Date: \_\_\_\_ Time: \_\_\_\_ Second Interview Date: \_\_\_\_ Time: \_\_\_\_ Requisition # \_\_\_\_\_ Job Title: \_\_\_\_\_ \_\_\_\_\_ Hourly Rate / Salary\_\_\_\_\_ Cost Center: \_\_\_\_\_ Job Status: FT PT CS Temp By: \_\_\_\_\_ \_\_ Date:\_\_\_

From:						
Attention:						
Fax:						
I authorize PIC Guam to remployment history and I a institution or any governmen consideration of PIC Guam's providers of information from	make an inves uthorize any fo t agency to give s review of my	rmer employe e PIC Guam an application fo	ny perso er and ai ny inform or employ	ny other perso nation they ma yment, I releas	on, Fir ny have se PIC	m Corporation about me.  Guam and a
Name of Applicant		Signature	of Applic	ant	-	Date
For I	HR Use Only. DO	N NOT WRITE	E BELOW	THIS LINE		
	EMPLOYMEN	NT REFERENC	E CHECK			
Name of Applicant:						
Position Held:		Employmer	nt From:	/ / M D Y	To:	/ / M D Y
Wage/Salary:	Reas	on for Separa	tion:			
Quality of Work?	Excellent	Good	Fair	Poor		
Attendance/Punctuality?	Excellent	Good	Fair	Poor		
Does this Person work well wi	th others?	Yes No				
Would you rehire?Ye	sNo (F	Please explain	):			
Additional Comments:						
Print Name and Title of Person Con	npleting Form	Date		Signature	e	
Hiring Department Acknowledge	ement: Print Name	Date		Signature		
All comments will be h Your prompt attention is appre						