



GENERAL INSTRUCTIONS & INFORMATION

SUBMITTING YOUR APPLICATION

Complete this application by printing in black/blue ink or typing. If additional space is needed, continue on item #12, or a separate sheet(s) may be attached. If you wish to submit a RESUME, your resume must contain all of the required information under item #11, Work Experience Section, for each work described. Resumes not in compliance may be considered incomplete.

You must submit an application for each currently announced position you are applying for with your original signature. Your application is non-transferable. All applications being submitted must comply with the deadline stated on the JOB ANNOUNCEMENT.

RATING PROCESS

The contents of the employment application and other substantiating documents will be thoroughly reviewed to determine if you meet the minimum qualification requirements of the position. Under the Work Experience Section, item #11, be sure to include all your work experience in order to help us evaluate your qualifications. Volunteer work and employment in the military service on a part-time basis as well as work experience in a detailed capacity will be credited based on their own merits. You may be rated ineligible if you do not provide sufficient information and/or supporting documents. **Submission of new information on education and/or work experience after an eligibility list is established is generally prohibited; exceptions may be based upon a valid appeal. You must sign and date your application. Failure to sign may result in your application being rejected.**

NOTIFICATION OF RESULTS

Your employment application is part of an examination process. Your employment application will be evaluated and rated. An incomplete employment application will result in an ineligible rating. You may be scheduled for additional examinations depending on the position requirements. The results will be mailed to you. **IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGES TO YOUR ADDRESS OR TELEPHONE NUMBER.**

REQUIRED DOCUMENTS

You must submit proof of credentials claimed (e.g. High School Diploma, College Transcript, DD-214). Failure to provide proof may result in your disqualification. Additionally, please refer to the specific job announcement for all other required documents needed. **If selected, you will be required to submit recent Police and Court Clearances and original or certified copies of the documents supporting credentials claimed.**

WORK ELIGIBILITY

U.S. citizens may apply for all RCUOG jobs. Non U.S. citizens, such as U.S. Permanent Residents, citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply for employment in MOST RCUOG jobs. Please consult the job announcement for any specific requirement. Public Law 99-603 (8 USC Section 1324A) requires RCUOG verify your identity and work eligibility. When offered a position, you will be required to provide proof of identity and eligibility for employment in the United States or its Territories.



The purpose of this form is to monitor the Affirmative Action and Equal Employment Opportunity representation within our diverse community. We are seeking your assistance to help us in this effort by accurately completing this form. Your cooperation is completely voluntary. The information is for data purposes only and will be maintained in a confidential file separate from your application. It will not be used to make a decision regarding your application for employment. This form will be detached prior to the examination process.

1. POSITION TITLE APPLIED FOR:

2. JOB ANNOUNCEMENT NO.

3. CITIZENSHIP:

- | | |
|---|---|
| <input type="checkbox"/> U.S. | <input type="checkbox"/> Republic of Marshall Islands |
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Republic of Palau |
| <input type="checkbox"/> Federated States of Micronesia | <input type="checkbox"/> Other: _____ |

4. HOW DID YOU LEARN OF THE JOB FOR WHICH YOU ARE APPLYING?

- Job Information Bulletin Board, Government Agency. Specify: _____
- Department of Administration, Division of Personnel Management Job Information Counter
- One Stop Career Center, Department of Labor
- Job Announcement. Specify where seen: _____
- Newspaper Announcement. Specify: _____
- Relative, Friend, or Government Employee
- Other: Specify: _____

5. SEX:

- Male Female

6. MARITAL STATUS:

- Single Married

7. AGE:

- 17 years and below
- 18 years to 39 years
- 40 years and above

8. ETHNIC ORIGIN:

- Non-Resident Alien. Specify Country: _____
- Hispanic or Latino = A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race
- White (non-Hispanic or Latino) = A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American (non-Hispanic or Latino) = A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander (non-Hispanic or Latino) = A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian (non-Hispanic or Latino) = A person having origins in any 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 Alaskan Native (non-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
- Two or More Races (non-Hispanic or Latino) = All persons who identify with more than one of the above five races

RCUOG is an Equal Employment Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex (sexual harassment and orientation), national origin, age, physical or mental disability, marital status, political affiliation, or retaliation, except for positions requiring bona fide occupational qualifications.



RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION INSTRUCTIONS: Give full and complete information. For questions which do not apply to you, please write "N/A" (Not Applicable). Your Social Security Number is necessary to maintain proper identification of your records. Refer to the page entitled "GENERAL INSTRUCTIONS AND INFORMATION" for further information.

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|--------------------------|-------------------------|------------------------------|
| 1. POSITION APPLIED FOR: | 2. JOB ANNOUNCEMENT NO: | 3. LOWEST SALARY ACCEPTABLE: |
|--------------------------|-------------------------|------------------------------|

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|---------------|-------|--------|------------------------|
| 4. NAME: Last | First | Middle | 5. SOCIAL SECURITY NO. |
|---------------|-------|--------|------------------------|

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| 6. MAILING ADDRESS: P.O. Box or Street Number | City | State | Zip Code |
|---|------|-------|----------|

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|--------------------------------|------|-------|----------|
| 7. HOME ADDRESS: Street Number | City | State | Zip Code |
|--------------------------------|------|-------|----------|

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|-----------------------|-------|------|---------|
| 8. TELEPHONE NO: Home | Work: | Fax: | E-mail: |
|-----------------------|-------|------|---------|

9. EDUCATION: Please check and indicate all of your formal educational accomplishments:

High School Graduate - School: _____
Location: _____ Year Graduated: _____

Completed G.E.D. - School: _____
Location: _____ Certificate No.: _____ Year Graduated: _____

Indicate Last Grade Completed in High School (check one): 9th 10th 11th
School: _____

| Name and Location of College/University | Date of Attendance | | Credit Hrs. Completed | | Course of Study | Type of Degree | Year Earned |
|---|--------------------|-----------|--------------------------------|------|-----------------|----------------|-------------|
| | From | To | Sem. | Qtr. | | | |
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| Major Undergraduate Courses | Sem. Hrs. | Qtr. Hrs. | Major Graduate College Courses | | | Sem. Hrs. | Qtr. Hrs. |
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10. LIST MANUALS, EQUIPMENT, LICENSES, SPECIAL TRAINING, AND/OR CERTIFICATES PERTINENT TO THE POSITION APPLIED FOR:

11. WORK EXPERIENCE

This portion must be accurate and complete. Please be as detailed as possible to obtain full credit for your work experience. Applications lacking sufficient information may be rejected. Under A, please indicate whether it is your PRESENT OR LAST EMPLOYER IF NOT CURRENTLY EMPLOYED. **List your entire work history, including part-time, volunteer and detail appointments. List jobs in order by starting with your present job or last job if you are unemployed. List each promotion as a separate job. Duties should include most difficult or most important responsibilities, and/or most significant accomplishments in the position held, to include percentage of time spent.** Supervisory experience is a combination of subject matter knowledge and skills and/or managerial abilities related to getting the work done through other people.

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|--|--|---|--|
| A. NAME OF EMPLOYER/MAILING ADDRESS (Check one): <input type="checkbox"/> Present or <input type="checkbox"/> Last Employer | | Telephone No: _____ Immediate Supervisor: _____ | From: mo ____ day ____ year ____ To: mo ____ day ____ year ____ HRS. WORKED PER WEEK: ____ |
| Position Title: _____ | | Salary: _____ | Reason for Leaving: _____ |
| Type of Business _____ | | This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| Specific Duties Performed and Percentage of Time Spent: | | | % |
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| B. NAME OF EMPLOYER/MAILING ADDRESS | | Telephone No: _____ Immediate Supervisor: _____ | From: mo ____ day ____ year ____ To: mo ____ day ____ year ____ HRS. WORKED PER WEEK: ____ |
| Position Title: _____ | | Salary: _____ | Reason for Leaving: _____ |
| Type of Business _____ | | This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| Specific Duties Performed and Percentage of Time Spent: | | | % |
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| C. NAME OF EMPLOYER/MAILING ADDRESS | | Telephone No: _____ Immediate Supervisor: _____ | From: mo ____ day ____ year ____ To: mo ____ day ____ year ____ HRS. WORKED PER WEEK: ____ |
| Position Title: _____ | | Salary: _____ | Reason for Leaving: _____ |
| Type of Business _____ | | This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| Specific Duties Performed and Percentage of Time Spent: | | | % |
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11. WORK EXPERIENCE (continued)

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| 11. WORK EXPERIENCE (continued) | | |
| D. NAME OF EMPLOYER/MAILING ADDRESS | Telephone No: | From: mo ____ day ____ year ____ |
| | Immediate Supervisor: | To: mo ____ day ____ year ____ HRS. WORKED PER WEEK: ____ |
| Position Title: | Salary: | Reason for Leaving: |
| Type of Business | This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| Specific Duties Performed and Percentage of Time Spent: | | % |
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| E. NAME OF EMPLOYER/MAILING ADDRESS | Telephone No: | From: mo ____ day ____ year ____ |
| | Immediate Supervisor: | To: mo ____ day ____ year ____ HRS. WORKED PER WEEK: ____ |
| Position Title: | Salary: | Reason for Leaving: |
| Type of Business | This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| Specific Duties Performed and Percentage of Time Spent: | | % |
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| F. NAME OF EMPLOYER/MAILING ADDRESS | Telephone No. | From: mo ____ day ____ year ____ |
| | Immediate Supervisor: | To: mo ____ day ____ year ____ HRS. WORKED PER WEEK: ____ |
| Position Title: | Salary: | Reason for Leaving: |
| Type of Business | This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | |
| Specific Duties Performed and Percentage of Time Spent: | | % |
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12. USE THIS BLOCK TO CONTINUE YOUR RESPONSES TO ANY NUMBERED SECTIONS OR ITEMS:

13. PREFERENTIAL HIRE STATUS:

This applies only to first time applicants of Government of Guam Merit Scholarship or Educational Loan Recipients. If you wish to claim Preferential Hire Status, please check "Yes" attach a letter of eligibility; if not, check "N/A". This status is applicable only for initial employment with the Government of Guam. Claim is subject to verification.

If applicable, please specify previous applicable hire status. (Continue on a separate sheet if necessary.)

- 1. Department/Agency: _____ Year: _____
- 2. Department/Agency: _____ Position Title: _____ Year: _____
- 3. Department/Agency: _____ Position Title: _____ Year: _____

YES
 NO
 N/A

N/A

**FOR FACULTY AND ADMINISTRATIVE POSITIONS
IN EDUCATIONAL INSTITUTIONS ONLY**

14. On a separate attachment please supply the following information:

- a. Higher education teaching experience: For each position, indicate the dates of employment (month/year), whether full-time or part-time, tenure track or non-tenure track, course taught, other assignments, salary (9 month or 12 month), academic rank and the name of the Department Chair or Dean
- b. List other employment information which
- c. Major research and publication activities:
- d. Major grants activities: Indicate date, amount, and brief description of the grant.
- e. Membership in professional organizations

N/A

15. REFERENCES:

List three persons who have definite knowledge of your work or professors, department chairs, deans or others who have had the opportunity to evaluate your work. Please ask these people to send a confidential evaluation directly to the educational institution/agency where the position which you are applying for exists.

| NAME | ADDRESS | TITLE |
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N/A

16. If you plan to request a relocation reimbursement, list the name, relationship, and age of any dependent(s) who will be accompanying you to Guam. (ONLY IF APPLICABLE)

| NAME | RELATIONSHIP | AGE |
|------|--------------|-----|
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IMPORTANT INFORMATION
PLEASE READ BEFORE SIGNING THIS APPLICATION

Job Application: The job application you submit is considered current for one year from the date the eligibility list is established. **IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGES TO YOUR ADDRESS OR TELEPHONE NUMBER.**

Evaluation Methods: To determine your qualifications for the position which you are applying, job related tests designed to reveal your capacity to successfully perform the duties of the position are utilized. Most positions require an evaluation of your application to determine your qualification based on a rating of your education and experience. Additional examinations such as a written and a performance test may be required depending on the particular job requirements of the position. The top eligible candidate will be referred for employment consideration for each vacancy. If a selection interview is required, you will be notified. Failure to submit to employment examination requirements will result in an ineligible rating.

Drug/Alcohol Policy: RCUOG employees are subject the Drug-Free Work Place policy.

Vaccination/Testing: Applicants accepting employment must take and pass a pre-entry and annual Tuberculosis Test as a condition of employment. All employees are responsible for all expenses incurred for this examination. Failure to satisfactorily meet or complete the specific requirements of the examination may result in your disqualification for or termination from employment.

Background Investigation: When you sign this job application, you authorize RCUOG to seek and obtain information regarding your suitability for employment. All factors which are job related may be investigated (e.g., previous employment, educational credentials, and criminal record). All information obtained may be used to determine your eligibility for employment in accordance with equal employment opportunity guidelines. In addition, when you sign this application, you release previous employers and job related sources from legal liability for the information they provide.

Probationary Period: Employees do not serve a probationary period and are subject to termination at will.

17. APPLICANT STATEMENT

(ATTENTION: Read the following certification and agreement before signing this application.)

I, _____, hereby certify that all statements made on this application are true, complete,
(PRINT NAME)

and correct to the best of my knowledge. I understand that any false or dishonest answer to any question on this application may be grounds for rating me ineligible for employment or for dismissing me after an appointment. I hereby authorize the use of my social security number for the purpose of record keeping and authorize any investigation of all statements made, my personal history, including checks of fingerprints, police records and former employers and all other information as deemed necessary to make a proper employment decision. I hereby release previous employers/related sources from legal liability for information they provide regarding my suitability for employment with RCUOG.

SIGNATURE OF APPLICANT (sign in blue/black ink)

DATE

18. PERSONAL CONTACT

(Optional: In the event that we are unable to contact you, please give two names for reference.)

| NAME | ADDRESS | TELEPHONE NO. | RELATIONSHIP |
|------|---------|---------------|--------------|
| | | | |
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SUITABILITY DETERMINATION

| | | | |
|-------|-------------------------|---------|-----------------------|
| Name: | Social Security Number: | Agency: | Position Applied For: |
|-------|-------------------------|---------|-----------------------|

The following information will be used to determine your suitability for employment. Convictions, dismissals from employment, or dishonorable separations from military service do not mean automatic disqualification. In determining employment suitability, we will evaluate the circumstances of each individual case, keeping in mind the requirements of the position being applied for.

1. DISMISSAL FROM EMPLOYMENT/DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past seven years, were you:

- Discharged (fired) from employment for any reason?
- Asked to resign (quit) after being informed that your employer intended to discharge (fire) you for any reason?
- Separated from military service under conditions other than honorable?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "yes" to any of the questions above, please give:

Employer's Name/address: _____

Date of Action: _____ Reason in Each Case: _____

2. CONVICTION FOR VIOLATION OF LAW

- Have you been convicted of a violation of law (e.g., felony, misdemeanor, etc.)?
Note: In answering this question, also consider that you may answer "NO" if the following applies:
1) All offenses for which you were tried were as a minor or juvenile
2) All convictions were annulled or expunged (however see note)
- Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State/Government of Guam or the federal government by force or violence?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "yes" to any of the above, you must submit a police clearance and provide an explanation including dates and circumstances surrounding the incident. Also, in the case of a conviction, indicate the type of penalty imposed.

3. FAMILY MEMBERS IN THE GOVERNMENT

Does this agency currently employ, in any capacity, any immediate member of your family?

If "yes", please list the name(s), relationship, and position title. (The purpose of this question is to avoid violation of the Nepotism Rule, or related statues, whereby spouses and persons within the first degree of "blood relationship" may not be employed in the same department or agency in a supervisor-subordinate relationship and where two or more family members under the same household are prohibited; exception to this rule may be made for the good of the government service.)

Yes No

| NAME | RELATIONSHIP | POSITION TITLE |
|------|--------------|----------------|
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APPLICANT STATEMENT

(ATTENTION: Read the following certification and agreement before signing this form.)

I, _____, hereby certify that all statements made on this suitability form are true, complete, and correct to the best of my knowledge. I understand that any false or dishonest answer to any question on this form may be grounds for dismissing me after an appointment.

SIGNATURE OF APPLICANT (Sign in blue/black ink)

DATE