## **NOTICE AND AUTHORIZATION**

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I understand that if I am employed by City Hill Company (Guam) Ltd. that my employment will be on an at will basis, which I understand to mean that my employment may be terminated at any time, without notice. I also understand any offer of employment is conditioned upon completion of the immigration Reform and Control Act Form (I-9) and presentation of the appropriate documents. City Hill Company (Guam) Ltd. participates in the United States Department of Homeland Security E-verify program. The E-verify program is an internet-based employment eligibility verification system operated by the U.S. Citizenship and Immigration Services.

I understand that City Hill Company (Guam) Ltd. may require job applicants to undergo a medical examination in accordance with the Americans With Disabilities Act after an offer or employment has been made and prior to the commencement of employment duties, and may condition an offer of employment on the results of such an employment examination. I further understand that the results of any such examination will be kept confidential in files separate from personnel files, and will only be used for purposes that are consistent with the Americans With Disabilities Act.

City Hill Company (Guam) Ltd. recognizes the benefits of a diverse workforce and is committed to treating all applicants equally regardless of race, gender, disability, religion, national origin, color, belief, sexual orientation or age and complies with all Federal and State laws regarding equal employment opportunity.

I have applied for employment with City Hill Co. Guam Ltd. and have provided information about my previous employment. I authorize City Hill Co. Guam Ltd. to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

This application will be considered active for a maximum of ninety (90) days after a complete, signed application is received. If you wish to be considered for employment after that time, you must reapply. Do not sign until you have read and completed all information contained in this application.

Signature / Print Name	Date	

### Do not write below

Name of Applicant

#### **EMPLOYMENT REFERENCE CHECK**

Name of Applicant		Description	Goo
Company Name		Quality of Work	VG
Position Held		Job Knowledge	VG
Salary \$ (pls.circle)	per hour/month	Initiative	VG
Employed from	to	Attitude	VG
Reason for leaving		Attendance	VG
Would you rehire?		Completed by:	
If no, why?			(Please
Please attach a separate sheet	of paper if you have any additional		

Please attach a separate sheet of paper if you have any additional comments.

Description	Very Good	Good	Fair	Poor
Quality of Work	VG	G	F	Р
Job Knowledge	VG	G	F	Р
Initiative	VG	G	F	Р
Attitude	VG	G	F	Р
Attendance	VG	G	F	Р

Completed by:		
	(Please Print and Sign)	

Title	Date



d.b.a. Guam Plaza Resort & Spa, JP Superstore, Food and Beverage Outlets and Tarza Waterpark

<b>Application</b>	for Em	ployr	nent
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Date				

# **Our Mission**

We are a company that aims to strengthen our place in the market by adding value through our facilities and our customer service. We are in a class of our own. I will include only information requested on this application. I understand that any information I provide voluntarily are not reasons for my application to be denied or considered for employment. **PERSONAL** Social Security No. Last Name First Name & Middle Initial Present Address (Street & No.) Telephone No. Home Other Mailing Address E-mail address Are you legally eligible to be employed in the U.S.? In the event that an offer of employment is made to you, you will be required to submit proof of employment eligibility in accordance with the law. **EMPLOYMENT DESIRED** Position desired Shift(s) Available ) Day shift ) Swing shift ( ) Graveyard ( ) Weekends Holidays Specify ( Salary desired Date you can start Have you been interviewed before? Yes ( ) No ( ) When? Position: Are you currently employed? Yes ( No ( May we contact your current employer? Name & Tel. No. of your present employer Yes ( ) No ( ) TEL **EDUCATION** School Name and Location of School Course of No. Of Years Did you Average graduate Completed Study Grade ? College High School Other **SKILLS & SPECIAL TRAINING** 

# **EMPLOYMENT HISTORY**

Please give accurate, complete full time and part-time employment record. Start with present or most recent employer.

\*If submitting a resume, all sections of the application must still be completed\*

To Name of Company or Organization Tel. #

From	То	Name of Company or Organization		Tel. #	
Position		Address		Reason for Leaving	
Immediate Supe	visor	Starting Salary \$ per	Ending	Salary \$	per
Please describe	your job duties				
From	То	Name of Company or Organization		Tel. #	
Position		Address		Reason for Leaving	
Immediate Supe	rvisor	Starting Salary \$ per	Ending	Salary \$	per
Please describe	your job duties				
From	То	Name of Company or Organization		Tel. #	
Position		Address		Reason for Leaving	
Immediate Supe	visor	Starting Salary \$ per	Ending	Salary \$	per
Please describe	your job duties				
	_				
From	То	Name of Company or Organization		Tel. #	
Position		Address		Reason for Leaving	
Immediate Supe	visor	Starting Salary \$ per	Ending	Salary \$	per
Please describe	your job duties				
		NOTICE OF CO	<u>ONSENT</u>		
	ment test. I under	, do hereby consent to undergo approstand that further consideration of my application of Cuam) Ltd. for whatever use it deems factors.	ion will depend upo	n results of thes	e tests. Further, I authorize to
information about friends or associated periods of associated periods of the control of the cont	it my character, go iates, and authorized to receive additi	m) Ltd. to obtain an investigative report and/oreneral reputation, personal characteristics or zer you to conduct criminal background checonal detailed information about the nature arquest any of the above report to evaluate valid	mode of living ob ck. I understand I nd scope of any su	tained through have the right uch investigation	personal interviews with neighbors, to make a written request within a n. If I am granted employment, the
Applicant's Signa	ature:		Date:		_