



GOVERNMENT OF GUAM RETIREMENT FUND EMPLOYMENT APPLICATION



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. **WE WILL ONLY ACCEPT APPLICATIONS ORIGINALLY FORMATTED BY THE GOVERNMENT OF GUAM RETIREMENT FUND. 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 prohibited, exceptions may be based upon a valid appeal. You must sign and date your application. In addition, you must fill out, sign and date the "Suitability Determination" form. Failure to fill out, sign & date in these two areas will 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

To validate credentials you may claim, (e.g., High School Diploma, College Transcript, DD-214), **an original or certified copy of the document(s) must accompany the application.** Failure to provide proof may result in your disqualification. Refer to the specific job announcement for all required documents needed. The applicant is responsible to provide all required documents for each employment application submitted. If selected, you will be required to submit recent Police and Court Clearances.

HANDBOOKS AND STUDY GUIDES

An Applicant Handbook describing the application process and Study Guides for written examinations are available upon request at the Government of Guam Retirement Fund.

U.S. MILITARY PREFERENCE POINTS

As a member of the Armed Forces of the United States or the Guam Police Combat Patrol, you are entitled to claim five (5) preference points, if you have completed at least 180 cumulative days of active duty and received other than a dishonorable discharge. **To claim the points, you must fill out a "Preference Points" request form** and provide your DD-214 Member 4, which indicates your service dates and character of service. To claim an additional five (5) points for disability, you must provide a letter from the U.S. Veteran's Administration or the Department of Veteran's Affairs, which specifically states that you are entitled to Civil Service Preference for a service-connected disability. If eligible for any of the preference points, the points will be added to your passing final earned rating. Preference points are only awarded for initial employment. [Reference: 4GCA §4104(a)(b)(c)].

PREFERENCE POINTS FOR PERSONS WITH DISABILITIES

As a person with a disability, you are entitled to claim five preference points, if you are certified with a disability. **To claim the points, you must fill out a "Preference Points" request form** and attach the "Certification of Disability" form signed by the Director of the Department of Public Health and Social Services. DO NOT attach any medical history information. If eligible for any of the preference points, the points will be added to your passing final earned rating. Preference points are only awarded for initial employment. [Reference: 4GCA §4104(a)(b)].

PREFERENTIAL HIRE STATUS

As a recipient of an educational loan or merit scholarship, you are entitled to first offer of employment in accordance with Public Law 15-127, (notwithstanding any other laws which may supersede). To claim preferential hire, you must submit your eligibility letter from the University of Guam Financial Aid Office, along with your job application. Preference hiring is only awarded for initial employment. In addition, declination offer will result in the removal of preferential hire status.

WORK ELIGIBILITY

U.S. citizens may apply for all Government of Guam 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 GovGuam jobs. Please consult the job announcement for any specific requirement. Public Law 99-603 (8 USC Section 1324A) requires the Government of Guam to verify your identity and work eligibility. For additional information, please visit the U.S. Citizenship and Immigration Services website, www.uscis.gov and review the Employment Eligibility Verification, Form I-9.

FAMILY MEMBERS IN THE GOVERNMENT

To avoid violation of the Nepotism rule, or related statutes, 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. Upon selection and processing with the Government of Guam Retirement Fund, Human Resources Division, please disclose family members employed within your agency/department.

If you have any questions, please contact the **Government of Guam Retirement Fund, Administrative Services Division**, 424 Route 8, Maite, Guam 96927. Telephone number(s): (671) 475-8932/8952, Fax Number: (671) 475-8922. Email: hr@ggrf.com Web Site: <https://ggrf.com/>



**GOVERNMENT OF GUAM RETIRMENT FUND
VOLUNTARY DATA RECORD SURVEY
(EQUAL EMPLOYMENT OPPORTUNITY DATA)**



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.:**

DATE:

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. **Part 1. Ethnicity:** Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino= A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
- Not HISPANIC/LATINO

Part 2. Race: What is the person's race (Choose one or more)

- AMERICAN INDIAN or ALASKA NATIVE**-A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
- Asian**-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.
- BLACK or AFRICAN AMERICAN**-A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**-A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE**- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- TWO OR MORE RACES**- All persons who identify with more than one of the above races.

The Government of Guam Retirement Fund 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.



EMPLOYMENT APPLICATION

GOVERNMENT OF GUAM RETIRMENT FUND

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

OFFICIAL USE ONLY - REQUIRED DOCUMENTS

Accepted By (Print Name & Initial): _____

Date: _____ Received by: _____

Driver's License Y N N/A

Type: _____ State: _____ Exp. Date: _____

H.S. Diploma/GED Y N N/A

College Transcript Y N N/A

Police Clearance Y N N/A

Court Clearance Y N N/A

Other: _____ Y N N/A

APPLICATION #:

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 & INFORMATION" for further information.

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:
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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 (circle one): 9th 10th 11th
 School: _____

Name and Location of College/University	Dates of Attendance		Credit Hrs. Completed		Course of Study	Type of Degree	Year Earned
	From	To	Sem.	Qtr.			
Major Undergraduate Courses	Sem. Hrs.	Qtr. Hrs.	Major Graduate College Courses		Sem. Hrs.	Qtr. Hrs.	

10. **LIST MANUALS, EQUIPMENT, LICENSES, SPECIAL TRAINING, AND/OR CERTIFICATES PERTINENT TO THE POSITION APPLIED FOR:**

C. NAME OF FORMER EMPLOYER/ MAILING ADDRESS	Telephone No.:	From: mo. ___ day ___ year ___ To: mo. ___ day ___ year ___ HRS. WORKED PER WEEK: ___
	Immediate Supervisor:	

Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

D. NAME OF FORMER EMPLOYER/ MAILING ADDRESS:	Telephone No.:	From: mo. __ day ___ year ___ To: mo. __ day ___ year ___ HRS. WORKED PER WEEK: ___
	Immediate Supervisor:	

Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

E. NAME OF FORMER EMPLOYER/ MAILING ADDRESS	Telephone No.:	From: mo. ___ day ___ year ___ To: mo. ___ day ___ year ___ HRS. WORKED PER WEEK: ___
	Immediate Supervisor:	

Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

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 eligibles will be referred for employment consideration for each vacancy subject to the Personnel Rules and Regulations of the respective department or agency. If a selection interview is required, you will be notified. Failure to submit to employment examination requirements will result in an ineligible rating.

Drug Screening: Upon selection for employment into the Government of Guam, you must take and pass urinalysis testing for illegal use of drugs. In addition, government employees are subject to their respective Drug-Free Work Place Program requirements. Failure to submit to drug testing will result in immediate disqualification or disciplinary action.

Pre-Employment Medical Examination: All applicants accepting employment with the government must take and pass a pre-entry physical examination as a condition of employment or continued employment. 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 the government 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: If you are selected for permanent appointment to a classified position, you must initially undergo a probationary period subject to the Personnel Rules and Regulations. All temporary or Limited Term 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, correct to the best of my knowledge. I agree and understand that any falsification or misstatement of material facts herein may cause forfeiture of all rights to any employment in the service of Government of Guam. 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 the Government of Guam.

SIGNATURE OF APPLICANT (sign in blue/black ink)

DATE



**Government of Guam
SUITABILITY DETERMINATION**



Name:	Social Security Number:	Agency:	Position Applied For:
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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? YES NO
- Asked to resign (quit) after being informed that your employer intended to discharge (fire) you for any reason? YES NO
- Separated from military service under conditions other than honorable? YES NO

If “yes” to any of the questions above, please give:
 Employer’s Name/Address:
 Date of Action: _____ Reason in Each Case:

2. FAMILY MEMBERS IN THE GOVERNMENT
 Does this agency currently employ, in any capacity, any immediate member of your family? YES NO

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 statutes, 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.)

NAME	RELATIONSHIP	POSITION TITLE

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
 (PRINT NAME)
 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 **DATE**
 (sign in blue/black ink)



**Government of Guam Retirement Fund
Preference Points Request Form**



This form is used to award preference points for Veterans of the Armed Forces of the United States or the Guam Police Combat Patrol and Persons with a disability. This form is separate and apart from the job application. IF APPLYING FOR MORE THAN ONE POSITION, YOU MUST COMPLETE THIS FORM FOR EACH APPLICATION SUBMITTED IN ORDER TO RECEIVE CREDIT FOR EACH POSITION APPLIED.

NAME:	SOCIAL SECURITY NUMBER:	POSITION TITLE:	JOB ANNOUNCEMENT NO:
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1. PREFERENCE POINTS FOR VETERANS/COMBAT PATROL (Applicable only for initial employment)

- 5 preference points: (Provide DD214 Member 4, which indicates service dates)
- 10 preference points: (Disabled Veteran) (Please provide U.S. Department of Veterans Affairs letter)

Branch: _____ Type of Discharge: _____ Dates of Service: _____

2. PREFERENCE POINTS FOR PERSONS WITH DISABILITIES (Applicable only for initial employment)

- 5 preference points: (Attach Certification of Disability from Department of Public Health)

Date of Certification: _____

APPROVAL OF POINTS IS SUBJECT TO VERIFICATION. PLEASE SUBMIT THE APPROPRIATE DOCUMENTS SUCH AS DD214 MEMBER 4, V.A. SERVICE-CONNECTED DISABILITY DOCUMENT, OR CERTIFICATION FROM PUBLIC HEALTH.

FOR VETERANS, YOUR DOCUMENT MUST SHOW THAT YOU SERVED A MINIMUM OF 180 CUMULATIVE DAYS OF ACTIVE DUTY AND RECEIVED OTHER THAN A DISHONORABLE DISCHARGE.

PLEASE SEE GENERAL INSTRUCTION PAGE FOR MORE INFORMATION. PLEASE NOTE, THESE PREFERENCE POINTS ARE ADDED TO APPLICANT'S PASSING SCORE, IT CANNOT BE USED TO QUALIFY AN OTHERWISE UNQUALIFIED APPLICANT.

APPLICANT STATEMENT

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

I, _____, hereby certify that all statements made on this preference point form are true, complete, and
(PRINT NAME)

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 rating me ineligible and removing my name from the list of eligibles, or rescinding an employment offer, or dismissing me after an appointment. I hereby authorize the **Government of Guam Retirement Fund** to conduct an investigation of my personal, educational, financial, to include but not limited to local and federal court job related convictions or employment history and I authorize any former employer and any other person, firm, corporation, institution or government agency to give the Government of Guam Retirement Fund any information they may have about me. In consideration of the Government of Guam Retirement Fund's review of my application for employment, I release the Government of Guam Retirement Fund and all providers of information from liability as a result of furnishing or receiving this information.

SIGNATURE OF APPLICANT
(sign in blue/black ink)

DATE