Application For Employment

Guam Educational Telecommunications Corp. KGTF-TV, Channel 12 P.O. Box 21449, GMF, Guam 96921 (671) 734-3476/2207/3030

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 handicap, or any other legally protected status.

	(PLE)	ASE PRINT)			
Position(s) Applied For			J	Date of Applica	tion
How Did You Learn About Us?			<u> </u>		
☐ Advertisement	\square Friend	☐ Walk-In			
☐ Employment Agency	☐ Relative	Other			
Last Name	First Name	***************************************	Midd	le Name	
Address Number	Street	City	St.	ate	Zip Code
Telephone Number(s)		w 1v	Social Securi	ty Number	
If you are under 18 years proof of your eligibility to	of age, can you work?	ı provide required		☐ Yes	□ No
Have you ever filed an ap	plication with u	ıs before?		☐ Yes	□ No
		If Yes,	give date	·	
Have you ever been empl	oved with us be	efore?		☐ Yes	□ No
	- y		, give date	; <u> </u>	
Are you currently employ	ed?			☐ Yes	□ No
May we contact your pre	sent employer?			☐ Yes	□ No
Are you prevented from l country because of Visa of Proof of citizenship or immigration	or Immigration	Status?	is	☐ Yes	□ No
On what date would you	be available for	work?			
Are you available to worl	x: □ Full Time	Part Time	□ Shift W	ork 🗌 T	emporary
Are you currently on "lay	off" status and	subject to recall?		☐ Yes	□ No
Can you travel if a job re	quires it?			☐ Yes	□ No
Have you been convicted Conviction will not necessarily de			s?	☐ Yes	□ No
If Yes, please explain					

Education

		Elementary School				High S	Schoo	ı	Undergraduate Gradu College / University Profess												
School Name and	Location																				
Years Com	pleted	4	5	6	7	8	9	10	11	12	1		2	3	4	1	2	Τ	3	Τ	4
Diploma / I	- Degree				<u> 1 </u>	<u> </u>		<u> </u>	<u> </u>	I							<u> </u>				
Describe Course o	f Study																·				
Describe any spec training, apprentic skills and extra-cu activities	ceship,		<u> 146 (1,6)</u>		<u> </u>		: 									1					
Describe any honors you have received							•••				***************************************										
State any addition information you fo helpful to us in co your application	eel may be										***************************************										
In	dicate an	ıy	for	eign	lar	ıgua	ages	you	can	spe	ak,	rea	ad :	and	/ or	wri	te				
	I	FLU	JEN'	\mathbf{r}					GO	OD	11115 1200 -					F	AIR				
SPEAK																					
READ																					
WRITE																					
You may exclude protected status:	membership	os w	hich	woul	d re	real s	sex, rad	ce, rel	igion,	natio	nal o	prigi	n, a	ge, aı	ncestr	y, or	hand	ica	p o	r ot	her
Refere	nces	: 																			
Give name, a you and are 1.	not previ	iοι	is e	mpl	oye	rs.				ee re	fere	enc	es	who	o are	e no	t re	la	ted	l to	<u> </u>
_																					
							***************************************							·							
Have you eve															litar	y?	/es			No)
If Yes, please	describe	***************************************									•				***						
Are you phys are applying?	ically or	ot	hei	wise	e ui	nab	le to	per	forn	n th	e di	uti	es	of t	he j		or Yes		nic		

Employment Experience

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.

	Employer		Dates E	mployed	
l.			From	То	Work Performed
	Address				
	Telephone Number(s)		Hourly R	ate/Salary	
			Starting	Final	
	Job Title	Supervisor			,
	Reason for Leaving	<u> </u>			
2.	Employer			mployed	Work Performed
۷.	Address		From	То	work refformed
	Address				
	Telephone Number(s)	. 1007/1994/4	Hourly R	ate/Salary	
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				***************************************
_	Employer		Dates E	mployed	
3.			From	To	Work Performed
	Address				
	Telephone Number(s)	·········	Hourly R	ate/Salary	
			Starting	Final	
	Job Title	Supervisor			
ŀ	Reason for Leaving				
	Employer		Dates E	mployed	
4.	******		From	То	Work Performed
	Address				
	Telephone Number(s)		Hourly R	ate/Salary	WARRY
	*		Starting	Final	
	Job Title	Supervisor			
ł	Reason for Leaving				
		···			
	If you need ac	lditional space, p	lease continue	on a sepa	arate sheet of paper.
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èn.	ecial Skills and Qu	alifications			
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)u	iiiiaiize speciai joo-teia	ned skins and quain	ications acquired	trom empi	oyment or other experience.

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood 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 the Company. In the event of employment, I understand that false 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 rules and regulations of the employer. Signature of Applicant Date FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview

Yes □No Remarks _____ INTERVIEWER Date of Employment _____ Employed Yes No Hourly Rate/ Job Title _____ Salary _____ Department____ NAME AND TITLE DATE NOTES ____

This Application For Employment and Employment Data Record is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)	D	Date	
Government agencies at times veteran and other protected st with respect to the success of THIS INFORMATION IS VOLU	atus of employees. This f the Affirmative Action	data is for statis	tical analysis
Name Address			
City	State	Zip	· · · · · · · · · · · · · · · · · · ·
Social Security No.			······································
			J

Current Job		nons below that have been elicened							
Check One:	le 🗌 Female	e Age							
Check One Of The Following: (Ethnic Origin)									
☐ White	☐ Hispanic	☐ American Indian/Alaskan Native							
☐ Black	☐ Other	☐ Asian/Pacific Islander							
Check If Any Of The Following	g Are Applicable								
☐ Vietnam Era Veteran	☐ Disabled Vetera	an 🗌 Handicapped Individual							

FOR PERSONNEL DEPARTMENT USE ONLY									
Position(s) Applied For Is Open:	☐ Yes	□ No							
Position(s) Considered For:									
Date									

NOTES:

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