



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

EEO Self-Identification

Please 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.

_____ **Two or More Races** (Not Hispanic or Latino)- All person who identify with more than one of the races above, excluding Hispanic or Latino.

Veteran Status Information Please which 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 me.**



Application For Employment



Applications are kept active for a ninety (90) day period.
A recent copy of a court/police clearance is required to begin employment.

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 <http://www.picresorts.com>

LAST NAME		FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	Number	Street	Village/City	Territory/State	Zip Code
TELEPHONE NUMBER(S)		E-MAIL ADDRESS		SOCIAL SECURITY NUMBER	

Position Applied for:	How Did You Learn About Us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Internet
		<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other	<input type="checkbox"/> PIC Employee _____ Name

EMPLOYMENT HISTORY (LAST 5 YEARS)

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)		Reason for Leaving	Duties & Accomplishments	
	From To			
2.	Employer	Address	Phone Number	Supervisor
Dates Employed (Mo/Yr)		Reason for Leaving	Duties & Accomplishments	
	From To			
3.	Employer	Address	Phone Number	Supervisor
Dates Employed (Mo/Yr)		Reason for Leaving	Duties & Accomplishments	
	From To			

EDUCATION

Name & Location of School	Did you graduate?	Degree Received	Number of years completed
High School/GED			
College/University			
Trade, Business, Professional			

COMPETENCIES & OTHER QUALIFICATIONS

Please list any foreign language, computer, software, technical, clerical, trade, certifications, licenses, honors, trainings, accomplishments, or other job related skills you possess along with your level of proficiency. (i.e. Health Certificate)

1. Have you ever filed an application with us before? Yes If yes, give date: _____ No
2. Have you ever been employed with us before? Yes If yes, give date: _____ No
3. Do you have the legal right to work in Guam? Yes No
4. Do you have any relatives working at PIC? Yes No
5. Are you available to work: Full time Part time Shift Work Temporary
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
8. Have you been convicted of a felony within the last ten (10) years? Yes No
(Conviction will not necessarily disqualify you from employment)

If you answered "Yes" to questions 4, 7, or 8, please explain below.

REFERENCES

Give name and telephone numbers of three references that are NOT related to you and are NOT previous employers.

1.	Name	Relationship	Phone number
2.	Name	Relationship	Phone number
3.	Name	Relationship	Phone number

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

PLEASE 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:



RELEASE OF LIABILITY

I authorize PIC Guam to make an investigation of my personal, educational, and financial or employment history and I authorize any former employer and any other person, Firm Corporation, institution or any government agency to give PIC Guam any information they may have about me. In consideration of PIC Guam's review of my application for employment, I release PIC Guam and all providers of information from any liability as a result of furnishing or receiving this information.

Name of Applicant Signature of Applicant Date

Applicant: For HR Use Only. Please do not write below this line

EMPLOYMENT REFERENCE CHECK

Name of Applicant:

Position Held: Employment From: To:

Wage/Salary: Reason for Separation:

Quality of Work? Excellent Good Fair Poor

Attendance/Punctuality? Excellent Good Fair Poor

Does this Person work well with others? Yes No

Would you rehire? Yes No (If no, please explain):

Additional Comments:

Print Name and Title of Person Completing Form

Signature

Date

All comments will be held in strict confidence. Please contact me if you have any questions at 646-9171 ext. 3405. Our return fax number is 648-2486. Your prompt attention is appreciated.