



Hafa Adai Applicant!

Thank you for your interest in becoming part of the G4S Guam & CNMI team!

Please complete all sections of this application, including the reference section where it asks you to provide complete contact information for your references. Failure to complete the application may prevent consideration for a position at G4S. All information you provide on this form is subject to verification. If we are unable to verify the statements made on this application, it may prevent G4S from considering you for employment.

G4S Guam & CNMI is an Equal Employment Opportunity (EEO) employer and will not discriminate on the basis of age, race, religion, sex (gender identity, sexual orientation, and pregnancy), color, national origin, mental or physical disability, genetic information, political affiliation, matriculation, marital status, family responsibility, or personal appearance.

Again, thank you for your interest in **G4S Guam & CNMI**.

Sincerely,
G4S Human Resources Department

PLEASE TYPE OR PRINT LEGIBLY

Last Name	First Name	Middle Name
Mailing Address Street/P.O. BOX	Village	Zip Code
Home Phone	Secondary Phone	
Cellular Phone	Email Address	
Emergency Contact (in case of emergencies): Name	Relation to You	Telephone No.

PLEASE ANSWER THE FOLLOWING QUESTIONS

Are you a high school graduate? [] Yes [] No	Are you legally authorized to work in the United States? [] Yes [] No
Have you ever been employed by G4S? [] Yes [] No	Have you ever applied for a job at G4S? [] Yes [] No
How did you hear about G4S? (circle one) If G4S Employee, indicate name: _____	
Advertisement Website Friend Walk In Employment Agency Job Fair Other _____	
Do you have any relatives who work for G4S? [] No [] Yes	
If yes, please provide name and relationship to you: _____	

POSITION(S) DESIRED

List the position(s) for which you are applying

1.	
2.	
3.	

CHECK ALL THAT APPLY

Available to work	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> On-Call	
Shift Preference	<input type="checkbox"/> Day	<input type="checkbox"/> Swing	<input type="checkbox"/> Night	<input type="checkbox"/> Weekend
What date can you begin work?				

EDUCATIONAL HISTORY

Education	Name & Location	No. of Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
Undergraduate College				
Graduate College				
Trade, Business or Correspondence School				

MILITARY SERVICE

(Proof of your discharge papers (e.g., DD214) is a requirement of G4S background checks)

Prior or Active Military Service: Branch: _____ Military Occupational Skill: _____ Date of entry: _____ End of enlistment: _____ Type of discharge: _____
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OTHER SKILLS, CERTIFICATIONS, AND LICENSURES

Please list other skills, certifications, and licensures that will be required for the position you seek.

Skill, Certification, or License	State Issuance	License Number	Date Obtained/Expiration/Renewal

EMPLOYMENT HISTORY

Start with your most recent or current employer. If you need additional space, use a separate sheet of paper.

1) EMPLOYER NAME	Dates Employed From: To:	Job Title
Address	Telephone	Starting Salary _____ Ending Salary: _____
Reason for Leaving		Supervisor
Work Performed		
2) EMPLOYER NAME	Dates Employed From: To:	Job Title
Address	Telephone	Starting Salary _____ Ending Salary _____
Reason for Leaving		Supervisor
Work Performed		
3) EMPLOYER NAME	Dates Employed From: To:	Job Title
Address	Telephone	Starting Salary _____ Ending Salary: _____
Reason for Leaving		Supervisor
Work Performed		
4) EMPLOYER NAME	Dates Employed From: To:	Job Title
Address	Telephone	Starting Salary _____ Ending Salary: _____
Reason for Leaving		Supervisor
Work Performed		
5) EMPLOYER NAME	Dates Employed From: To:	Job Title
Address	Telephone	Starting Salary _____ Ending Salary: _____
Reason for Leaving		Supervisor
Work Performed		



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EMPLOYMENT REFERENCE REQUEST CHECK

APPLICANT NAME: _____

POSITION APPLIED FOR AT G4S: _____

RELEASE OF INFORMATION

I authorize G4S to conduct a thorough background and reference check on my suitability for the position I am applying for. I agree to comply with all background investigations as required. I release G4S, and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

SIGNATURE: _____ **DATE:** _____

----- **DO NOT WRITE BELOW THIS LINE - HR USE ONLY** -----

CURRENT OR FORMER EMPLOYMENT INFORMATION: Please answer the following questions. If the question is not applicable, mark as N/A. If you are unable to answer the question, mark "Unable to Answer."

Company Name: _____

Was the applicant an employee of your Company? YES NO

What was the job title of the applicant? _____

What were the applicant's main job duties? _____

Employment Period: From: _____ To: _____

Please rate the applicant's skills during his/her employment period with the company:

Attendance Record	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	<input type="checkbox"/> Unable to answer
Performance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	<input type="checkbox"/> Unable to answer
Communication	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	<input type="checkbox"/> Unable to answer
Interpersonal Skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	<input type="checkbox"/> Unable to answer
Integrity/Ethics	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A	<input type="checkbox"/> Unable to answer

Did the applicant resign? Yes No

Was the applicant terminated? Yes No

Reason for resignation or termination: _____

Is the applicant eligible for rehire: Yes No

Name of Person Completing Reference Check: _____

Company: _____ Job Title: _____

Contact Information: _____ Date Completed: _____

HR Representative: _____

Conducted by Telephone Email Other: _____

Attempt 1: _____ Attempt 2: _____ Attempt 3: _____



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PERSONAL REFERENCE REQUEST CHECK

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APPLICANT NAME: _____

POSITION APPLIED FOR AT G4S: _____

RELEASE OF INFORMATION

I authorize G4S to conduct a thorough background and reference check on my suitability for the position I am applying for. I agree to comply with all background investigations as required. I release G4S, and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

SIGNATURE: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE - HR USE ONLY

The person named above has applied/or is hired by G4S. G4S would like to ask a few questions regarding the applicant's character and personal history.

Relationship to the applicant: Teacher Priest Doctor Coach Community Leader Other
If Community Leader or Other, enter title here: _____

How long have you known this person? Less than 1 year 1-5 years More than 5 years

Is this person respected in the community? Yes No

Does this person show respect for others? Yes No

Does the applicant act with integrity and honesty? Yes No

Would you trust this person:	With large sums of money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	With Children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	With a Family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	With Elder members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does this person have the ability to work in a team, outside of his/her work? Yes No

Does this person participate in community events? Yes No

Explain: _____

Does this person handle stress in a calm manner? Yes No

If not, explain: _____

Name of person completing reference: _____

Signature: _____ Date Completed: _____

HR Representative: _____

Conducted Reference by Telephone Email Other: _____

Attempt 1: _____ Attempt 2: _____ Attempt 3: _____



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EEO-1 SELF IDENTIFICATION FORM

G4S is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, G4S invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Name: _____ Date: _____

Position Applied For: _____

Referral Sources: Advertisement Friend Relative Walk-in Company Website
 Other _____

EEO-1 SURVEY

Gender

Check one: Male Female Do not wish to be identified

Ethnicity

Are you Hispanic or Latino?

No, I am not Hispanic or Latino

Yes, I am Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

If you answered “No, I am not Hispanic or Latino”, please answer this question:

What is your race? Select **ONE** of the following:

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American – A person having origins in any of the Black racial groups of Africa.

American Indian/Alaskan Native A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains 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.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races – All persons who identify with more than one of the above five races



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Veteran

Check the box if the following is applicable:

I am a Veteran - As defined under one or more of the following:

- Served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or
- was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
- who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
- one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

ADDITIONAL QUESTIONS FOR BUREAU OF LABOR STATISTICS

If you chose the “Native Hawaiian Other Pacific Islander” option in the EEO self-identity form, please answer the following question for purposes of reporting to the Bureau of Labor Statistics on Employment.

My island of origin is:

- Guam CNMI Kosrae Pohnpei
- Chuuk Yap Palau Marshall Islands

If you chose the “Native Hawaiian Other Pacific Islander” and your country or island of origin is not listed above, enter it here: _____

----- **FOR HUMAN RESOURCES USE ONLY** -----

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____ Date: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____