



SANCTUARY INCORPORATED OF GUAM

A Non-Profit Organization Established in 1971
406 MaiMai Road, Chalan Pago, Guam 96910 | Administrative Office: 671.475.7101 | Fax: 671.477.3117
24hr Crisis Hotline: 671.475.7100 | inquiries@sanctuaryguam.org | www.sanctuaryguam.org



Date Received: _____

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on a basis prohibited by local, and/or federal law. Equal access to employment services, and programs are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Name: _____ Social Security: _____

Mailing Address: _____

Home Phone Number: (671) _____ Other Contact Number: _____

Personal Information

Are you over 18 years of age? Yes No

Are you presently prevented from lawfully becoming employed in the U.S.?
 Yes No

Have you ever been convicted of a felony or a misdemeanor?
 Yes No

If yes please describe:

You will not be denied employment solely because of a conviction record. Unless the offense is related to the job for which you have applied. However, it is the organization's policy that applicants applying for any position within Sanctuary provide a current **Police Clearance, Traffic Court Clearance and Court Clearance** upon time of interview.

Position Objective

Position applying for: _____ Wage Desired: _____ Date you can start: _____

Type of Employment Desired: Full Time On-Call Part-Time Temporary

Are you currently employed? Yes No If so, may we contact your employer? Yes No

Have you ever applied with or worked for Sanctuary, Incorporated? Yes No If so, when? _____

Referral Source: Advertisement Walk-In Employee Other

Name of Source, if applicable: _____

Do you have any objections to working flexible hours? Yes No

Can you travel if required by this position? Yes No

Do you possess a valid driver's license/driving permit? Yes No

If you are under 18, can you furnish a valid work permit if it is required? Yes No

Have you ever worked as a volunteer for Sanctuary or any other agency? Yes No

What was the nature of your volunteerism?

Education:*Please mark appropriate boxes and indicate all formal educational accomplishments.* **Not a High School/GED Graduate**

Name of last School attended and year completed: _____

 Completed G.E.D.

Name of School and Location: _____

 High School Graduate

Name of School and Location: _____

 University and/or College Graduate *(Please indicate below.)*

College/University Name and Location	Dates Attended	Credits Completed	Year Earned	Course of Study	Type of Degree

Skills & Training:*Summarize any job-related training skills, licenses, certificates and/or other qualifications.*

Employment History:*Please provide information for the past employers, starting with the most recent/current. Attach additional sheet(s) as needed.*

Company Name	Company Address	Reason for Leaving
Name and Title of Supervisor	Official Job Title	Employed (Month/Year) From: To:
Work Performed		

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References *List three people, not related to you, whom you have known for at least one (1) year.*

Name	Years Known	Contact Number(s)

Authorization *Please read the following carefully before signing.*

I hereby authorize Sanctuary, Incorporated to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability Sanctuary, Incorporated and its representatives for seeking, gathering, and using such information.

I Understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at anytime so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse or hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act.

I also understand that if offered employment, I will be required to obtain a drug test prior to employment and health clearance if applicable. I will also need to provide satisfactory proof of identity and legal work authorization.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Please do not write below this section.

Employee's Name	Date of Contact	Time of Call	Notes/Memo

Initial Interview Date: _____ Time: _____ Place: _____

Date of Interview: _____ Time: _____ Place: _____

Interviewed by:

Name/Title

Name/Title

Name/Title

Name/Title

Was applicant hired? Yes No Salary/Rate Offered: _____

Was notice sent to applicant? Yes No Date Sent: _____ Staff Initials: _____

Additional Comments:

Application Forwarded To: _____

Date: _____



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REFERENCE RELEASE FORM

Applicant's Name: _____ Social Security: _____
Address: _____ Phone: _____

Former Employer: _____
Immediate Supervisor's Name & Title: _____
Address: _____ Phone: _____ Fax: _____
Duration of Employment: From: _____ To: _____

The above named applicant is being considered for employment with Sanctuary, Incorporated and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us via facsimile: (671) 477-3117. Thank you for your assistance.

APPLICANT AUTHORIZATION

I consent to authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for my separation related to my employment. I further understand that this background investigation is solely for employment purposes and is in no way construed or intended for any other purpose. I have specifically and permanently waive any rights I may have to review or inspect any and all information developed in this verification. I exonerate, release and discharge you, your organization, its officers, agents and assign, from any liability, damage and claims whether in law or equity, now and in the future, for furnishing the information requested by Sanctuary, Incorporated.

Applicant's Signature: _____ Date: _____

Record of Employment

Please comment on the following:

Position Held: _____ When: _____
Summary of Essential Duties: _____

Reason for Leaving: _____

Salary upon Leaving: _____ Eligible for Rehire? Yes No

	Excellent	Good	Average	Fair	Poor	Comments
Job Knowledge						
Accuracy						
Productivity						
Attendance						
Overall						

Name/Title

Signature/Date



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Job Knowledge						
Accuracy						
Productivity						
Attendance						
Overall						

Name/Title

Signature/Date

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
Division of Public Welfare
Bureau of Social Services Administration

Consent for Disclosure of Client Information

This information is to be released from records whose confidentiality is protected by Federal Law regarding right to privacy, which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A General Authorization for the release of medical or other information will not be sufficient for this purpose.

Name the program to give information: Department of Public Health & Social Services, Bureau of Social Services Administration, Child Protective Services

Name of person or organization to receive information: Sanctuary, Incorporated

Name of Client: _____

Purpose or need for the disclosure (please be very specific): To verify any referral of child & neglect or potential applicants

Extent or nature of information to be disclosed: (please be very specific): Child Abuse & Neglect Registry Check

This Consent for Disclosure of Client Information may be revoked by the client at any time.

This Consent for Disclosure of Client Information shall have a duration no longer than reasonably necessary to effectuate the purpose for which it is given.

Signature of Client/Parent/Guardian

Signature of Person Requesting Information

Date: _____

Date: _____

I HEREBY REVOKE CONSENT FOR DISCLOSURE OF THE INFORMATION TO THE PERSON OR ORGANIZATION ABOVE AS OF:

Signature of Client/Parent/Guardian

Date