



**Sanctuary, Incorporated of Guam**  
**A Non-profit Organization Established in 1971**  
 406 MaiMai Road Chalan Pago, Guam 96910 Administrative Office (671)475-7101  
 Crisis Hotline (671)475-7100 Fax (671)477-3117 Email: sanctuar@ite.net  
 www.sanctuaryguam.org



DATE RECEIVED: \_\_\_\_\_

Form #: 300-1  
 Revised: 8/12/09

## 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 any 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) \_\_\_\_\_ Office Phone Number: (671) \_\_\_\_\_

### 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. 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** only after making a conditional offer of employment.

### 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?

Can you travel if required by this position?

Do you possess a valid driver's license/driving permit?

If you are under 18, can you furnish a valid work permit if it is required?

Company Name	Company Address	Reason for Leaving
Name of Supervisor	Job Title	Employed (Month and Year) From                      To
Work Performed		
Company Name	Company Address	Reason for Leaving
Name of Supervisor	Job Title	Employed (Month and Year) From                      To
Work Performed		
<b>REFERENCES</b> List three people, not related to you, whom you have known for at least one (1) year.		

Name	Years Known	Contact Numbers

**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 to make employment decisions and all other persons or organizations for providing 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



# SANCTUARY, INCORPORATED

"Helping Youth and Families Help Themselves" since 1971

Address: 406 Maimai Rd., Chalan Pago, Guam 96910 \* Tel: 475-7101 \* Fax: 477-3117 \* Crisis Hotline: 475-7100

Website: [www.sanctuaryguam.org](http://www.sanctuaryguam.org) \* E-mail: [inquiries@sanctuaryguam.org](mailto:inquiries@sanctuaryguam.org)



## 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 in equity, now and in the future, for furnishing the information requested by Sanctuary, Incorporated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Record of Employment

Please comment of 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