

# FAIR CHANCES HIRING PROCESS ACT (FCHPA) EXEMPT POSITIONS ONLY EMPLOYMENT APPLICATION

Revised: 1/2021

## PLEASE READ - GENERAL INSTRUCTIONS & INFORMATION

**1. SUBMITTING YOUR APPLICATION** - This application is for FCHPA Exempt Positions only. These positions provide direct care to students or minors and are exempt from the Fair Chances Hiring Process Act (PL 34-22). Your entire application and attachments must be received only at the Human Resources Office identified below. Please type or print legibly in blue or black ink. If additional space is needed, continue on item #12. If you wish to submit a RESUME, your resume must contain all of the required information under item #11 (Work Experience section) for each work described. Resumes or applications not in compliance may be rejected. **You must submit an application for each currently announced position that you are applying for with your original signature. Also, if you are applying for a Teacher, School Administrator, Guidance Counselor, or Librarian position, complete Supplemental Application - Form A1.** Note that there is a separate application for FCHPA Covered Positions. All applications being submitted must comply with the deadline stated on the JOB ANNOUNCEMENT. Your application and supporting documents are confidential and become our property. Please keep copies for your own record. The information you submit on this form may be verified. **The government of Guam is an equal opportunity employer and complies with applicable local and federal laws relating to employment practices (see Voluntary Data Record Survey – Form A3).**

**2. REQUIRED SUPPORTING DOCUMENTS** - To validate credentials you may claim, (e.g. High School Diploma, College Transcript), an original or verified copy of the document must accompany your application. Failure to provide proof may result in your disqualification. Refer to the specific job announcement for all required documents needed. **If recommended for selection, your job offer is conditional pending satisfactorily meeting all pending reference/background checks and other administrative clearance requirements (e.g., drug test, TB skin test, Appointing Authority approval, and employee in-processing).**

**3. CLAIMING PREFERENCE POINTS** - **A.** If you are or a former member of the Guam Police Combat Patrol, or a graduate of the POST Commission Academy, you are entitled to claim five (5) preference points. In addition, you may claim five (5) preference points if you are a veteran of the Armed Forces of the United States and completed at least 180 cumulative days of active duty and received other than a dishonorable discharge. **To claim the points, you must fill out a Preference Points Request Form – Form A2 and provide your certification letter or a DD-214 (Member 4) or other proof of military service if you are a veteran.** To claim an additional five (5) points as a disabled veteran, you must provide a letter from the U.S. Veteran's Administration or the Department of Veteran's Affairs, which specifically states that you are entitled to civil service preference for a service connected disability. **B.** If you are a person with a disability, you are entitled to claim five preference points if you are certified with a disability and can efficiently and safely work. **To claim the points, you must fill out the Preference Points Request Form – Form A2 and provide a certification letter from the Director of Public Health and Social Services.** If eligible for any of the preference points, the points will be added to your passing final earned rating.

**4. CLAIMING PREFERENTIAL HIRE** - If you are a recipient of an educational loan or merit scholarship, you may be entitled to first offer of employment. **To claim preferential hire, you must attach your eligibility letter from the University of Guam Financial Aid Office** and complete item #14 on the employment application form. Preferential hiring is only awarded for initial government employment. Declining an initial government job offer will result in the removal of preferential hire status.

**5. EXAMINATION PROCESS** - The contents of your employment application and supporting documents will be used to determine if you meet the minimum experience and training requirements of the position. An evaluation of your experience and education is conducted to determine your eligibility for a position, unless additional examinations are required as stated in the job announcement. **Under item #11, Work Experience section, be sure to completely describe and include all of your work experience so that we can accurately determine your eligibility for the position.** Promotions, volunteer work and employment in the military service on a part-time basis, as well as work experience in a temporary assignment will be credited based on their own merits. You may be rated ineligible if you do not provide complete information and/or supporting documents. Submission of new information on education and/or work experience after the job announcement closes is prohibited. Requests for administrative review must be timely and will be addressed accordingly. Only job applications that are signed and dated will be officially accepted.

**6. NOTIFICATION OF EVALUATION/EXAMINATION RESULTS** - A "Notice of Rating" regarding your eligibility for the position will be mailed or emailed to you after the evaluation process or upon completing all examination requirements. We will not be responsible for any mail or correspondence which does not reach you. We do not release rating information over the telephone. We have up to two months from the date a job announcement closes to inform you of your eligibility for a position or notify you of additional examination requirements. Please call us only if you have not heard from us during that time period. If you receive an eligible rating, it is inappropriate to tell you how soon you might be interviewed for a job since the hiring process is dependent on the number of vacancies, the number of applicants, and your eligibility rating score. Accordingly, it would be inappropriate for us to respond to any inquiry regarding the number of positions, the location of positions, and the number of eligible candidates since these information are subject to change. In addition, the filling of a position may be cancelled without prior notice. You may contact us to inquire if interviews are being scheduled. **Interviews are primarily scheduled by telephone or by email. It is your responsibility to inform the Human Resources Office in writing of any changes to your name, address, email, telephone number, or availability for employment.**

**7. WORK ELIGIBILITY UPON SELECTION (Refer to USCIS Form I-9 for a detailed list of acceptable documents)** - By law, the government of Guam is required to verify your work eligibility upon in-processing. **When offered a position, you will be required to provide proof of identity and authorization for employment in the United States.** In addition, you will be required to provide your social security number. The following are acceptable documents of proof, one document from column A, OR one document each under column B AND C:

<b>COLUMN A</b>	<b>OR</b>	<b>COLUMN B</b>	<b>AND</b>	<b>COLUMN C</b>
<ul style="list-style-type: none"><li>● U.S. Passport,</li><li>● Permanent Resident Card,</li><li>● Other Proof of Identity &amp; Authorization</li></ul>		<ul style="list-style-type: none"><li>● Government of Guam I.D. Card</li><li>● Driver's License</li><li>● Other Proof of Identity</li></ul>		<ul style="list-style-type: none"><li>● Social Security Card</li><li>● Birth Certificate</li><li>● Other Proof of Authorization</li></ul>

Department of Education, Human Resources Division Room 103, 501 Mariner Avenue, Barrigada, Guam 96913.  
Telephone No.: (671) 475-0496. E-Mail Address: [humanresources@gdoe.net](mailto:humanresources@gdoe.net). Web Site: [www.gdoe.net](http://www.gdoe.net).

**\*PLEASE REMOVE THESE INSTRUCTIONS AND KEEP FOR YOUR RECORDS – DO NOT SUBMIT WITH YOUR APPLICATION\***

# EMPLOYMENT APPLICATION

GOVERNMENT OF GUAM



FORM A

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

OFFICIAL USE ONLY – DATE OF RECEIPT  
Accepted By (Initials):

APPLICATION #: \_\_\_\_\_

**APPLICATION INSTRUCTIONS:** Please type or print legibly in blue or black ink. The information you provide will be used to determine whether you qualify for the job for which you are applying. Before applying, read the minimum experience and training requirements in the job announcement carefully to determine if you qualify for the position. Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information. Indicate "N/A" in spaces that are not applicable. Please refer to the "GENERAL INSTRUCTIONS & INFORMATION" page for additional information.

1. POSITION TITLE APPLYING FOR:	2. JOB ANNOUNCEMENT NO.:		
3. NAME (Last – First - Middle)	4. OTHER NAMES USED OR FORMER LAST NAME:		
5. EMAIL ADDRESS (Required – print legibly): _____			
6. MAILING ADDRESS: P.O. Box or Number and Street		City	State
7. PHONE NO. 1: (_____) ____ - ____		8. PHONE NO. 2: (_____) ____ - ____	
9. EDUCATION HISTORY: Please submit official transcripts or verified copy of diploma/degree at the time of each application. If not, you may not receive credit and your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position for which you are applying. The information you provide on this form may be verified.			
<b>SECONDARY EDUCATION</b> <p>A. Did you graduate? ( ) No ( ) Yes. Name and Location of School Attended: _____</p> <p>B. Did you receive a GED? ( ) No ( ) Yes. Name of Issuing School and Location: _____</p>			
<b>POST-SECONDARY EDUCATION</b> – Please indicate total credits completed and/or type of degree awarded (e.g., AA, BA, MA, PhD)			
School Name and Location	Major Field of Study	Credits Completed	Degree Awarded
A.			
B.			
C.			
D.			
E.			

**10. LICENSES, CERTIFICATION, OTHER PERTINENT QUALIFICATIONS: Complete this section only if required for position.**

- A. Do you possess a valid Driver's License: ( ) N/A ( ) No ( ) Yes or I am able to obtain one by the time of appointment.
- B. Other Licenses or Certification – Please indicate the type, registration number, and the issuing authority. Please present for verification and submit a photocopy: Type \_\_\_\_\_ No. \_\_\_\_\_ Issuing Authority \_\_\_\_\_  
Type \_\_\_\_\_ No. \_\_\_\_\_ Issuing Authority \_\_\_\_\_
- C. Special Qualifications – Include membership in professional or scientific societies, honors, awards, fellowships, publications, etc. (list but do not submit unless required for the position):

**D. Knowledge of Language Other Than English (Only if required)**

Refer to job announcement if required. List the language and check the appropriate box.

LANGUAGE	SPEAK	READ	WRITE
1.			
2.			

## 11. WORK EXPERIENCE

## **11. WORK EXPERIENCE (cont.)**

## 11. WORK EXPERIENCE (cont.)

<b>D. NAME OF FORMER EMPLOYER/ Company URL Internet Address:</b>	<b>Telephone No.:</b>	<b>From:</b> Month _____ Year _____
	<b>Immediate Supervisor:</b>	<b>To:</b> Month _____ Year _____
<b>HRS. WORKED PER WEEK:</b> _____		
<b>Position Title:</b>	<b>Salary:</b>	<b>Reason for Leaving:</b>
This position is: ( <input type="checkbox"/> ) Full-time ( <input type="checkbox"/> ) Part-time ( <input type="checkbox"/> ) Volunteer <b>Did you supervise?</b> ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No. If yes, how many employees? _____		
<b>Specific Duties Performed and Percentage of Time Spent:</b>		%
<b>E. NAME OF FORMER EMPLOYER/ Company URL Internet Address:</b>	<b>Telephone No.:</b>	<b>From:</b> Month _____ Year _____
	<b>Immediate Supervisor:</b>	<b>To:</b> Month _____ Year _____
<b>HRS. WORKED PER WEEK:</b> _____		
<b>Position Title:</b>	<b>Salary:</b>	<b>Reason for Leaving:</b>
This position is: ( <input type="checkbox"/> ) Full-time ( <input type="checkbox"/> ) Part-time ( <input type="checkbox"/> ) Volunteer <b>Did you supervise?</b> ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No. If yes, how many employees? _____		
<b>Specific Duties Performed and Percentage of Time Spent:</b>		%
<b>F. NAME OF FORMER EMPLOYER/ Company URL Internet Address:</b>	<b>Telephone No.:</b>	<b>From:</b> Month _____ Year _____
	<b>Immediate Supervisor:</b>	<b>To:</b> Month _____ Year _____
<b>HRS. WORKED PER WEEK:</b> _____		
<b>Position Title:</b>	<b>Salary:</b>	<b>Reason for Leaving:</b>
This position is: ( <input type="checkbox"/> ) Full-time ( <input type="checkbox"/> ) Part-time ( <input type="checkbox"/> ) Volunteer <b>Did you supervise?</b> ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No. If yes, how many employees? _____		
<b>Specific Duties Performed and Percentage of Time Spent:</b>		%

**12. USE THIS BLOCK TO CONTINUE YOUR RESPONSES TO ANY NUMBERED SECTIONS OR ITEMS:** (Please specify No. of item.)

**13. INDICATE WHAT TYPE OF EMPLOYMENT YOU ARE WILLING TO ACCEPT IF OFFERED?**

- Probationary** (leading to permanent civil service employment)
- Limited Term** (employment up to 1 year)
- Temporary** (employment up to 120 working days)
- Part-time** (less than 40 hours per week)
- On-call** (not more than 35 hours per week)

14. PREFERENTIAL HIRE STATUS (Complete if applicable)

This applies only to first time applicants of government of Guam Merit Scholarship or Educational Loan Recipients. If you wish to claim Preferential Hire Status, please check "Yes" and attach letter of eligibility, if not, check "N/A." This status is applicable only for initial employment with the government of Guam. Approval of claim is subject to verification.

If yes, please specify previous applications in which you claimed preferential hire status if applicable.

YES

1. Department/Agency: \_\_\_\_\_ Position Title: \_\_\_\_\_ Year: \_\_\_\_\_

□ NO

2. Department/Agency: Position Title: Year:

3. Department/Agency: Position Title: Year:

□ N/A

## **15. IMPORTANT INFORMATION** (PLEASE READ BEFORE SIGNING THIS APPLICATION)

**a. Job Application:** The job application you submit is considered current for one year from the date the eligibility list is established. **It is your responsibility to inform the Human Resources office in writing of any changes to your email address or telephone number.**

**b. Work Prohibition:** Please be informed that if you have been convicted of a sex offense or if you are listed on the Sex Offender Registry that you are prohibited by Public Law 28-98 from employment with any agency or instrumentality of the government of Guam.

**c. Employment Tests:** To determine your qualifications for the position which you are applying, job related tests designed to reveal your capacity to successfully perform the duties of the position are utilized. Most positions require an evaluation of your application to determine your qualification based on a rating of your education and experience. Additional examinations such as a written and/or ability test may be required depending on the particular job requirements of the position. The top eligible candidates will be referred for employment consideration for each vacancy subject to any relevant laws and the Personnel Rules and Regulations of the respective department or agency. If a selection interview is scheduled, you may be notified by email, telephone, or notice by mail. Failure to take any required examinations will result in your disqualification.

**d. Drug Use Screening:** Upon conditional selection for employment into the government of Guam, all applicants must take and pass urinalysis testing for illegal use of drugs as well as any drug tests after employment subject to their agency's Drug Free Work Place policy. Applicants/employees are responsible for expenses incurred for these examinations. Failure to satisfactorily meet the specific requirements of the tests may result in disqualification or dismissal from employment.

**e. Tuberculosis (TB) Skin Test:** Applicants accepting employment with an educational institution or agency must take and pass a pre-entry and annual Tuberculosis Skin Test as a condition of employment.

**f. Pre-Employment Medical Examination:** All applicants accepting employment with the government must take a pre-entry physical examination as a condition of employment.

**g. Reference/Background Check:** When you sign this job application, you authorize the government to seek and obtain information regarding your suitability for employment upon selection. All factors which are job related may be investigated (e.g., previous employment, educational credentials, and criminal history). All information obtained may be used to determine your suitability for employment in accordance with equal employment opportunity guidelines and applicable laws. All pre-employment administrative processing requirements are completed after you receive a Notification of Personnel Action by Human Resources.

**h. Probationary Period:** If you are selected for permanent appointment to a classified position, you must initially undergo a probationary period subject to the Personnel Rules and Regulations of your respective department or agency. All temporary, limited-term, part-time, and on-call employees do not serve a probationary period and are subject to "At Will" employment.

## **16. APPLICANT STATEMENT**

*(ATTENTION: Read the following certification and agreement before signing this application.)*

I hereby certify that all statements made on this application are true, complete, and correct to the best of my knowledge. I agree and understand that falsification or misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the government of Guam. I hereby authorize the use of my social security number for the purpose of record keeping and authorize any investigation of all statements made, my personal history, including checks of fingerprints, police records and former employers and all other information as deemed necessary to make a proper employment decision. I hereby release previous employers/related sources from legal liability for information they provide regarding my suitability for employment with the government of Guam.

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**SIGNATURE OF APPLICANT** (sign in blue/black ink)

**DATE**

## **17. PERSONAL CONTACT**

*(Optional: In the event that we are unable to contact you, please give two names for reference.)*

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP



FORM A1

GOVERNMENT OF GUAM  
FOR TEACHING, PROFESSIONAL SCHOOL ADMINISTRATIVE,  
AND POST-SECONDARY POSITIONS  
(SUPPLEMENTAL APPLICATION FORM – COMPLETE ONLY IF APPLICABLE)

**INSTRUCTIONS:** If you are applying for a teaching or professional school administrative position, please specify the level and area of interest and submit this form along with Form A – Employment Application. Please provide all information requested.

1. NAME (Last, First, Middle): \_\_\_\_\_

2. POSITION TITLE: \_\_\_\_\_ 3. JOB ANNOUNCEMENT NO.: \_\_\_\_\_

4. SCHOOL LEVEL: ( ) Elementary  
( ) Secondary (Middle)  
( ) Secondary (High)  
( ) Post-Secondary  
( ) N/A

5. GRADE LEVEL: ( ) Pre-Kinder ( ) Kinder ( ) 1<sup>st</sup> – 5<sup>th</sup>  
( ) 6<sup>th</sup> – 8<sup>th</sup>  
( ) 9<sup>th</sup> – 12<sup>th</sup>  
( ) Post-Secondary  
( ) N/A

6. SUBJECT AREA OF INTEREST: ( ) N/A

1. Please Specify:
2. Please Specify:
3. Please Specify:

7. WORK LOCATION: 1<sup>ST</sup> Preference – School Name:

2<sup>nd</sup> Preference – School Name:  
3<sup>rd</sup> Preference – School Name:  
( ) N/A

**FOR TEACHING & POST-SECONDARY POSITIONS/ADMIN. POSITIONS AS REQUIRED**

8. On a separate attachment please supply the following information:

- a. Higher education teaching experience. For each position indicate the dates of employment (month/year), whether full-time or part-time, tenure track or non-tenure, courses taught, other assignments, salary (9 month or 12 month), academic rank and the name of the Department Chair or Dean.
- b. List other employment information which you feel may support your application.
- c. Major research and publication activities. Give bibliographic reference.
- d. Major grant activities. Indicate date, amount and source of funding and a brief description of the grant.
- e. Membership in professional organizations and other professional activities.

9. REFERENCES: List three persons who have definite knowledge of your qualifications. Use major professors, department chairs, deans or others who have had the opportunity to evaluate your work. Please ask these people to send a confidential evaluation directly to the educational institute/agency where the position which you are applying for exists.

NAME	ADDRESS	TITLE

10. If you plan to request a relocation reimbursement, please supply us with the name, relationship, and age of any dependent (s) who will be accompanying you to Guam. (ONLY IF APPLICABLE)

NAME	RELATIONSHIP	AGE



FORM A2

GOVERNMENT OF GUAM  
**PREFERENCE POINTS REQUEST FORM**  
**(Complete Only if Applicable – Submit with Job Application)**

**INSTRUCTIONS:** If you are a U.S. military veteran, a person with a disability, a former member of the Guam Police Combat Patrol, or a graduate of the POST Commission Academy, you may claim preference points by completing this form and submitting it with your employment application. However, you must provide a copy of this form for each job application you submit. **Approval of points is subject to verification. Please attach the appropriate certification letter or form required under item #3 of the “GENERAL INSTRUCTIONS AND INFORMATION” sheet or as described below.**

- 1. NAME (Last–First–Middle):** \_\_\_\_\_
- 2. OTHER NAMES USED:** \_\_\_\_\_
- 3. POSITION TITLE APPLYING FOR:** \_\_\_\_\_
- 4. JOB ANNO. NO.:** \_\_\_\_\_

**5. INDICATE WHICH POINTS YOU ARE CLAIMING BY CHECKING THE APPROPRIATE CATEGORY BELOW:**

- A. ( ) 5 points – Veteran:** Attach your DD-214, Member 4 or other proof of military service.
- B. ( ) 5 points – Veteran w/a disability:** Attach letter from U.S. Veteran’s Administration or the Department of Veteran’s Affairs.
- C. ( ) 5 points – POST Commission Academy Graduate:** Attach letter from the POST Commission.
- D. ( ) 5 points – Former member of the Guam Police Combat Patrol:** Attach letter from the Chief of Police.
- E. ( ) 5 points – Person with a Disability:** Attach letter from the Director of Public Health and Social Services certifying your physician’s certification that you can efficiently and safely perform the position you are applying for with or without reasonable accommodation.

**UPON VERIFICATION, PREFERENCE POINTS ARE ADDED ONLY UPON RECEIVING A PASSING OR FINAL ELIGIBLE RATING SCORE OF 70.000 OR HIGHER. IF YOU ARE CLAIMING PREFERENCE POINTS AND IT IS APPROVED, IT WILL BE INDICATED ON YOUR NOTICE OF RATING AND INCLUDED IN YOUR FINAL EARNED RATING.**

**6. APPLICANT STATEMENT**

**(ATTENTION: Read the following certification and agreement before signing this form)**

I hereby certify that all statements made on this preference points request form are true, complete, and correct to the best of my knowledge. I agree and understand that falsification or misstatements of material facts herein may be grounds for my disqualification or dismissing me after an appointment.

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DATE

SIGNATURE OF APPLICANT (Blue or Black Ink)



FORM A3

**GOVERNMENT OF GUAM**  
**VOLUNTARY EEO DATA RECORD SURVEY**  
**(DO NOT ATTACH TO JOB APPLICATION – SUBMIT SEPARATELY)**

**INSTRUCTIONS:** This form is separate from your job application. **Please detach this form and submit it separately from your job application.** The purpose of this form is to monitor the Affirmative Action and Equal Employment Opportunity (EEO) representation within our diverse community. We are seeking your assistance to help us in this effort by accurately completing this form. Your cooperation is completely voluntary. The information obtained is for data reporting purposes only.

**1. POSITION TITLE APPLIED FOR:** \_\_\_\_\_

**2. JOB ANNOUNCEMENT NO.:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**3. CITIZENSHIP:**

U.S.  Republic of Marshall Islands  
 Permanent Resident  Republic of Palau  
 Federated States of Micronesia  Other: \_\_\_\_\_

**4. HOW DID YOU LEARN OF THE JOB FOR WHICH YOU ARE APPLYING?**

Job Information Bulletin Board, Government Agency. Specify: \_\_\_\_\_  
 Department of Administration, Human Resources Division Job Information Counter  
 One Stop Career Center, Department of Labor  
 Job Announcement. Specify where seen: \_\_\_\_\_  
 Newspaper Announcement. Specify: \_\_\_\_\_  
 Relative, Friend, or Government Employee  
 Other. Specify: \_\_\_\_\_

**5. SEX:**

Male  Female

**6. MARITAL STATUS:**

Single  Married

**7. AGE:**  17 years and below

18 years to 39 years

40 years and above

**8. ETHNIC ORIGIN:**

**NON-RESIDENT ALIEN.** Specify Country: \_\_\_\_\_

**HISPANIC or LATINO** = A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**WHITE (NOT HISPANIC or LATINO)** = A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**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 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 maintain tribal affiliation or community attachment.

**TWO OR MORE RACES (NOT HISPANIC or LATINO)** = All persons who identify with more than one of the above five races.

**EEO Declaration:** As required by federal and/or local laws, we do not discriminate on the basis of age, sex (including pregnancy, gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, political affiliation, veteran or military status, sexual orientation, genetic information, credit history or any other protected classification except for positions requiring bona fide occupational qualifications as a business necessity. The government of Guam is an equal opportunity employer and complies with applicable local and federal laws relating to employment practices.



FORM A4

# FAIR CHANCES HIRING PROCESS ACT (FCHPA) EXEMPT POSITION SUITABILITY DETERMINATION FORM TO BE SUBMITTED WITH JOB APPLICATION

**INSTRUCTIONS:** This is an FCHPA Exempt Position. Please fill out this form completely and submit with your job application. Processing of this position is not pursuant to the Fair Chances Hiring Process Act. Your employment after a job offer is conditional pending satisfactory completion of all administrative processing requirements to include the completion of this form and submission of current Police and Court Clearance Reports. The information below will be used to determine your overall suitability for employment. Convictions, dismissals from employment, dishonorable separations from military service, or other conditions do not necessarily mean automatic disqualification. In determining employment suitability, we will evaluate the circumstances of each individual case, keeping in mind the requirements of the position to be filled as well as final review and approval from the Superintendent. **THIS FORM IS CONFIDENTIAL.**

**1. NAME (Last–First–Middle):** \_\_\_\_\_ **2. OTHER NAMES USED:** \_\_\_\_\_

**3. POSITION TITLE APPLYING FOR:** \_\_\_\_\_ **4. JOB ANNO. NO.:** \_\_\_\_\_

**5. EMAIL ADDRESS:** \_\_\_\_\_ **6. PRIMARY PHONE NO.:** \_\_\_\_\_

**7. SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **8. DATE OF BIRTH:** \_\_\_\_\_

## 9. DISMISSAL/SETTLEMENT/DISHONORABLE SEPARATION/SUSPENSION OR REVOCATION OF LICENSE

Within the past **seven years**, were you:

- Discharged (fired) from employment for any reason? Or accepted an employment settlement?  Yes  No
- Asked to resign (quit) after being informed that your employer intended to discharge (fire) you for any reason?  Yes  No
- Separated from military service under conditions other than honorable?  N/A  Yes  No

• Was your license or certification to practice in a regulated profession ever suspended or revoked?  N/A  Yes  No

If "yes" to any of the questions above, please give: Employer's Name/Type of Cert or Lic.: \_\_\_\_\_

Date of Action: \_\_\_\_\_ Reason in Each Case: \_\_\_\_\_

## 10. CONVICTION FOR VIOLATION OF LAW

- Have you been convicted of one or more violations of law (e.g., felony, misdemeanor, etc.)?  Yes  No  
In answering this question, also consider that you may answer "NO" if the following applies:
  - 1) All offenses for which you were tried in court as a minor or juvenile.
  - 2) All convictions that were dismissed, sealed, annulled or expunged (however see note below).
- Have you ever been convicted of any act, attempt, or conspiracy to overthrow a State, the Government of Guam, or the federal government by force or violence?  Yes  No

**NOTE:** Applicants previously convicted of a felony who had their conviction pardoned or commuted are not eligible to be employed in any peace officer position (4 GCA 4203.1). In addition, applicants who are administratively pardoned of any crimes are not eligible to be employed as a police officer (10 GCA 77114). Applicants convicted of sex offenses or who are on the sex offender registry are barred from government of Guam employment (4 GCA 4203.3). **If you answer "yes" to any of the above questions in this section, you must submit a current Police and Court Clearance Report and attach any or all court and/or related documents explaining the incident - including dates, circumstances, status, penalties and/or any other actions imposed or taken by the courts or a responsible authority.**

## 11. FAMILY MEMBERS IN THE GOVERNMENT

• Does the agency that you are being considered for currently employ, in any capacity, any immediate member of your family?  Yes  No  
If "yes", please list the name(s), relationship, and position title. (The purpose of this question is to avoid violation of the Neptism Rule, or related statutes, whereby spouses and persons within the first degree of "blood relationship" may not be employed in the same department or agency in a supervisor-subordinate relationship and where two or more family members under the same household are prohibited; exception to this rule may be made for the good of the government service.)

NAME	RELATIONSHIP	POSITION TITLE

## 12. APPLICANT STATEMENT

**(ATTENTION: Read the following certification and agreement before signing this form.)**

I hereby certify that all statements made on this suitability determination form are true, complete, and correct to the best of my knowledge. I agree and understand that falsification or misstatements of material facts herein may be grounds for disqualification or for dismissing me after an appointment.

DATE

CANDIDATE SIGNATURE (Blue or Black Ink)