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marianas physicians group

PeMar Place | 472 Chalan San Antonio Tamuning, Guam 96913 | (t) 647-1830 | (f) 647-1919

### **EMPLOYMENT APPLICATION FORM**

**READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THE APPLICATION:**

Please verify all items on this application, where applicable. All information provided by the applicant in this form is subject to verification.

We take all appropriate action to comply with applicable laws of the Territory of Guam and the United States Federal Government regarding employment practices. Marianas Physicians Group (MPG) & Sagua Mañagu Birthing Center (SMBC) is an equal opportunity employer and does not discriminate on the basis of age, race, religion, sex, color, national origin, mental or physical disability, political affiliation, sexual orientation, matriculation, marital status, family responsibility, or personal appearance.

<b>PERSONAL INFORMATION</b>			
Full Name: (Last)	(First)	(MI)	Application Date:
Address: (Number and Street Name, Apartment No.)			
(City)		(State)	(Zip Code)
Telephone Number: Home:	Work:	Cell:	
Email Address:			
Have you ever applied for a position at MPG or SMBC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>EMPLOYMENT DESIRED</b>	
Position(s) Applying For: 1.	Status Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temp
2.	Shift Preference: (SMBC) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekend
3.	When can you begin work: Minimum Acceptable Salary:

<b>EDUCATION / TRAINING</b>				
Type of School	Name and Address of School	Years Attended	Did You Graduate	Degree Obtained
High School				



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EDUCATION / TRAINING cont.				
Type of School	Name and Address of School	Years Attended	Did You Graduate	Degree Obtained
Undergraduate College/University				
Graduate College/University				
Technical Training Institute				
Specialized Certification or Training				

LICENSURE / REGISTRY INFORMATION				
PLEASE COMPLETE IF LICENSURE IS REQUIRED FOR POSITION(S) YOU ARE SEEKING				
Type	State	License Number	Most Recent Renewal Date	Expiration Date
1.				
2.				
Have you applied for licensure in Guam? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Applied:		
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give date(s) and reason:		
<i>A revocation or suspension of your license / registry will not necessarily be a bar to your employment. Your revocation or suspension will be discussed during your pre-employment interview process and MPG and SMBC will consider you revocation(s) or suspension(s) in making its hiring decision.</i>				

EMPLOYMENT HISTORY		
1. Employer Name and Address:	Dates of Employment:  To: From:	Reason for Leaving:  <input type="checkbox"/> Check here if MPG/SMBC can contact this employer
Job Title:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	Salary: \$
Supervisor:		<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year
Phone #:		



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**EMPLOYMENT HISTORY cont.**

Describe your work:

2. Employer Name and Address:

Dates of Employment:

Reason for Leaving:

To:  
From:

Check here if MPG/SMBC can contact this employer

Job Title:

Employment Status:

Salary: \$

Supervisor:

Full Time  Per Diem  
 Part Time  Temp

Per Hour  Per Year

Phone #:

Describe your work:

3.. Employer Name and Address:

Dates of Employment:

Reason for Leaving:

To:  
From:

Check here if MPG/SMBC can contact this employer

Job Title:

Employment Status:

Salary: \$

Supervisor:

Full Time  Per Diem  
 Part Time  Temp

Per Hour  Per Year

Phone #:

Describe your work:

**REFERENCES**

*PLEASE LIST THREE PROFESSIONAL REFERENCES WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR. DO NOT LIST RELATIVES AS REFERENCES.*

Name	Title	Address	Phone Number	Email Address



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**DISCLOSURE / ACKNOWLEDGMENT / AGREEMENT**

*I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE*

*I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR OMISSION OF INFORMATION OF THIS APPLICATION OR ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR IMMEDIATE DISCHARGE IF I AM EMPLOYED.*

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date