



JUDICIARY OF GUAM

VOLUNTEER DEPUTY MARSHAL APPLICATION FORM

HR Use Only: <hr style="border: 0; border-top: 1px solid black;"/> Receipt Number Initials:
--

POSITION

ANNOUNCEMENT NO.

DATE

I. PERSONAL INFORMATION

1. NAME: <hr style="border: 0; border-top: 1px solid black;"/> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> LAST FIRST MIDDLE INITIAL </div>	2. ELIGIBILITY: Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. SOCIAL SECURITY#: <hr style="border: 0; border-top: 1px solid black;"/>
---	--

4. MAILING ADDRESS: <hr style="border: 0; border-top: 1px solid black;"/> STREET OR POST OFFICE BOX <hr style="border: 0; border-top: 1px solid black;"/> CITY STATE ZIP CODE	5. HOME ADDRESS: <hr style="border: 0; border-top: 1px solid black;"/> HOUSE NO., STREET & ADDRESS <hr style="border: 0; border-top: 1px solid black;"/> CITY STATE ZIP CODE
--	---

6. CONTACT INFORMATION:

HOME PHONE
OFFICE PHONE
OTHER (cell or pager)
email address

II. EDUCATION

LEVEL	NAME & ADDRESS OF SCHOOL	GRADUATED	DEGREE ATTAINED	DATE OF GRADUATION
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED CERTIFICATE Number:	
College, University or Professional School		<input type="checkbox"/> YES <input type="checkbox"/> NO <small>*Attach transcripts in order to receive credit</small>	<input type="checkbox"/> BACHELOR'S <input type="checkbox"/> ASSOCIATE'S Major: Minor:	
Graduate / Other		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORATE'S	

THE JUDICIARY OF GUAM IS AN EQUAL OPPORTUNITY EMPLOYER

III. WORK HISTORY

- Please complete this application form as accurately as possible, be brief and concise.
- Write your present or most recent employment first.
- List each promotion as a separate job.
- For additional information you may attach extra sheets or a resume with this application form.

(A) Present or Last Employer:	Contact No:	Start Date: _____ Month / Day / Yr
Address:	Position Title:	End Date: _____ Month / Day / Yr
Immediate Supervisor's Name:	Immediate Supervisor's Title:	HOURLY RATE: _____ HRS. PER WEEK _____ () Full-Time () Part-Time Reason for Leaving:
Describe in Detail the Primary Duties Performed:		

May an inquiry be made of your present employer regarding your character, qualifications, and record of employment? () Yes () No

If your answer is "No" please explain why

(B) Employer:	Contact No:	Start Date: _____ Month / Day / Yr
Address:	Position Title:	End Date: _____ Month / Day / Yr
Immediate Supervisor's Name:	Immediate Supervisor's Title:	HOURLY RATE: _____ HRS. PER WEEK _____ () Full-Time () Part-Time Reason for Leaving:
Describe in Detail the Primary Duties Performed:		

(C) Employer:	Contact No:	Start Date: _____ Month / Day / Yr
Address:	Position Title:	End Date: _____ Month / Day / Yr
Immediate Supervisor's Name:	Immediate Supervisor's Title:	HOURLY RATE: _____ HRS. PER WEEK _____ () Full-Time () Part-Time Reason for Leaving:
Describe in Detail the Primary Duties Performed:		

(D) Employer:	Contact No:	Start Date: _____ Month / Day / Yr
Address:	Position Title:	End Date: _____ Month / Day / Yr
Immediate Supervisor's Name:	Immediate Supervisor's Title:	HOURLY RATE: _____
Describe in Detail the Primary Duties Performed:		HRS. PER WEEK _____ () Full-Time () Part-Time Reason for Leaving:

(E) Employer:	Contact No:	Start Date: _____ Month / Day / Yr
Address:	Position Title:	End Date: _____ Month / Day / Yr
Immediate Supervisor's Name:	Immediate Supervisor's Title:	HOURLY RATE: _____
Describe in Detail the Primary Duties Performed:		HRS. PER WEEK _____ () Full-Time () Part-Time Reason for Leaving:

(F) Employer:	Contact No:	Start Date: _____ Month / Day / Yr
Address:	Position Title:	End Date: _____ Month / Day / Yr
Immediate Supervisor's Name:	Immediate Supervisor's Title:	HOURLY RATE: _____
Describe in Detail the Primary Duties Performed:		HRS. PER WEEK _____ () Full-Time () Part-Time Reason for Leaving:

INDICATE INFORMATION NOT COVERED ELSEWHERE WHICH RELATES TO YOUR QUALIFICATION.

IV. LICENSE: DRIVER'S AND/OR PROFESSIONAL

List current License(s) pertinent to position(s) applied for:

A. Type:	Licensing Authority:	Expiration Date:
B. Type:	Licensing Authority:	Expiration Date:
C. Type:	Licensing Authority:	Expiration Date:

V. ADMINISTRATIVE

Does the Judiciary of Guam employ in any capacity any immediate member of your family?

() Yes () No

If so, please give name, relationship and job title.

VI. LEGAL

A CONVICTION OR A FIRING DOES NOT NECESSARILY MEAN YOU CANNOT BE APPOINTED FOR GOVGUAM SERVICES. THE NATURE OF THE CONVICTION OR FIRING AND DATE OF OCCURRENCE IS IMPORTANT. BE SPECIFIC AND PROVIDE ALL THE FACTS SO THAT A DECISION CAN BE MADE.

1. Have you ever been discharged (fired) from employment for any reason?

() Yes () No

If your answer is yes, show the name and address of employer, approximate date, and reason in each case. This information should agree with statements made in your Work History.

2. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?

() Yes () No

If your answer is yes, show the name and address of employer, approximate date, and reason in each case. This information should agree with statements made in your Work History

3. Have you ever been convicted of any crime other than traffic violations?

() Yes () No

If your answer is yes, show when, where and disposition of case. Omit any offenses committed before your 18th birthday or adjudicated by a juvenile court. Also omit any misdemeanor convictions over seven years old.

VIII. REFERENCES

List three (3) personal references (not relatives or employers).

Name	Title	Address	Contact No

I authorize a background investigation to verify my credentials, qualifications, character, and criminal history to determine suitability for appointment.

_____ **SIGNATURE**

_____ **DATE**