

## JUDICIARY OF GUAM VOLUNTEER DEPUTY MARSHAL APPLICATION FORM

HR Use Only:	
Receipt Number	
Initials:	

POSITION		ANNOUNCEMENT NO.						DATE	
I. PERSONAL IN	NFORMATIO	N							
1. NAME:								Are you o	GIBILITY: eligible to work in the tates? ) Yes ( ) No
L	AST		FIRST	Γ		MIDDLE INIT	ΓIAL	3. SOCI	AL SECURITY#:
4. MAILING ADI					ADDRES				
STREET OR POST OF				E NO.	, STREET &	z ADDRESS			
CITY	STATE	ZIP CODE	CITY			STATE		ZIP	CODE
6. CONTACT IN	FORMATION	<b>N</b> :							
						_			
HOME PHONE OFFICE PHONE		OTHER (cell or pager)		ema	ail addres	SS			
II. EDUCATION									
LEVEL	NAME & AD	DRESS OF SCHOOL	G	RADU	JATED	DEGREE ATTAINED		DATE OF GRADUATION	
High School			(	)	YES NO	( ) DIPLOMA ( ) GED CERTIFICATE Number:			
College, University or Professional School			( ( *Attach to receiv		YES NO	( ) BACHELOR'S ( ) ASSOCIATE'S Major: Minor:			
Graduate / Other			(	)	YES NO	( ) MASTEI			

## THE JUDICIARY OF GUAM IS AN EQUAL OPPORTUNITY EMPLOYER

III. WORK HISTORY		
<ul> <li>Please complete this application form as accurately as po</li> </ul>	_	promotion as a separate job.
concise.	onal information you may attach extra sheets or a resume	
• Write your present or most recent employment first.	with this a	pplication form.
(A) Present or Last Employer:	Contact No:	
		Start
Address:	Position Title:	Date:  Month / Day / Yr
Address.	rosition Title.	End
		Date:
Immediate Supervisor's Name:	Immediate Supervisor's Title:	Month / Day / Yr
		HOURLY RATE:
Describe in Detail the Primary Duties Performed:	•	HRS. PER WEEK
		( ) Full-Time ( ) Part-Time
		Reason for Leaving:
May an inquiry be made of your present employer regardir	ng your character, qualifications, and reco	ord of employment? ( ) Yes ( ) No
		• • • • • • • • • • • • • • • • • • • •
If your answer is "No" please explain why		
(B) Employer:	Contact No:	
		Start
A 11	D. M. Will	Date:  Month / Day / Yr
Address:	Position Title:	End
		Date:
Immediate Supervisor's Name:	Immediate Supervisor's Title:	Month / Day / Yr
•	_	HOURLY RATE:
Describe in Detail the Primary Duties Performed:		HRS. PER WEEK
,		
		( ) Full-Time ( ) Part-Time
		Reason for Leaving:
(C) Employer:	Contact No:	-
(C) Employer.	Contact 140.	Start
		Date:
Address:	Position Title:	Month / Day / Yr
		End
I 1:-4- C	I 1: C	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:

(D) Employer:	Contact No:	
		Start
Address:	Position Title:	Date:  Month / Day / Yr
Addless.	rosition ritie.	End
		Date:
Immediate Supervisor's Name:	Immediate Supervisor's Title:	Month / Day / Yr
		HOURLY RATE:
Describe in Detail the Primary Duties Performed:	•	HRS. PER WEEK
		( ) Full-Time ( ) Part-Time Reason for Leaving:
		Reason for Leaving:
	Ta.	
(E) Employer:	Contact No:	Start
		Date:
Address:	Position Title:	Month / Day / Yr
		End
T 1 1 2	7 1	Date:
Immediate Supervisor's Name:	Immediate Supervisor's Title:	Month / Day / Yr
		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:
Address:	Position Title:	Month / Day / Yr End
		Date:
Immediate Supervisor's Name:	Immediate Supervisor's Title:	Month / Day / Yr
		HOURLY RATE:
Describe in Detail the Primary Duties Performed:		
2 4301100 11 2 41111 110 1 11111111 3 2 41100 1 41101111041		HRS. PER WEEK
		( ) Full-Time ( ) Part-Time
		Reason for Leaving:
INDICATE INFORMATION NOT COVERED ELSE	WHEDE WHICH DELATES TO VOI	D OUAL IEICATION
INDICATE INFORMATION NOT COVERED ELSE	WHERE WHICH RELATES TO TOO	R QUALIFICATION.

IV. LICENSE: DRIVER'S A	AND/OR PROFESSIONAL		
List current License(s) pertinent to posi	tion(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 a	ny capacity any immediate member of your f	amily?	
	( ) Yes (	) No	
If so, please give name, relationship and	job title.		
VI. LEGAL			
	S NOT NECESSARILY MEAN YOU CAND G AND DATE OF OCCURRENCE IS IM		
1. Have you ever been discharged (fired	l) from employment for any reason?		
If your answer is yes, show the name an made in your Work History.	( ) Yes ( ) Note that the distribution of the		hould agree with statements
	eing informed that your employer intended to  ( ) Yes ( ) Note that your employer intended to	vo	hould agree with statements
3. Have you ever been convicted of any	crime other than traffic violations?		
	( ) Yes ( ) î	<b>V</b> o	
If your answer is yes, show when, where Also omit any misdemeanor convictions	e and disposition of case. Omit any offenses of		adjudicated by a juvenile court.
VIII. REFERENCES			
	List three (3) personal references (no	t relatives or employers).	
Name	Title	Address	Contact No
I authorize a background investigation	to verify my credentials, qualifications, char	acter, and criminal history to determine	suitability for appointment.
	SIGNATURE	DATE	