



HEALTH SERVICES OF THE PACIFIC

809 Chalan Pasaheru Unit 2, Tamuning, GU 96913
 P.O. Box 8838 Tamuning, GU 96931 Tel:
 671.647.5355 Fax: 671.647.5358

www.hspguam.com

APPLICATION FOR EMPLOYMENT

Gurusamy, Inc. dba Health Services of the Pacific (HSP) is an equal opportunity employer.
 All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap, or any other legally protected status.

APPLICANT INFORMATION						
Full Name				Social Security Number:	XXX-XX-____	
Mailing Address						
Residential Address						
Contact Number(s):	Home:			Mobile:		
E-mail Address						
Position Applied for				Full-time	Part-time	On-Call/Seasonal
How did you learn of our agency?	Advertisement <input type="checkbox"/>	TV <input type="checkbox"/>	Radio <input type="checkbox"/>	Personal Referral <input type="checkbox"/>	Other <input type="checkbox"/>	
Classification:	RN <input type="checkbox"/>	LPN/VN <input type="checkbox"/>	OT <input type="checkbox"/>	PT <input type="checkbox"/>	Cert. HHA <input type="checkbox"/>	Other <input type="checkbox"/>
Date available for work:			Hourly/salary requirement:			
Anticipated length of employment:						
Please circle the days you will be available to work & note the times available below the corresponding day:						
MON	TUES	WED	THUR	FRI	SAT	SUN
Do you have a valid US driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for driving positions)						
If yes, please provide Driver's License Type, Number & Expiration Date:						
Are you legally eligible to work in the United States? (Proof of eligibility will be required upon offer of employment) <input type="checkbox"/> Yes <input type="checkbox"/> No						

EDUCATION/CERTIFICATIONS OR LICENSES								
High School					Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

EDUCATION/CERTIFICATIONS OR LICENSES							
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Trade/Business or Tech School:				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Type of Certification or License:		License No.		Expiration Date		State Issued	
Please describe any actual experience, special training, and/or qualifications that you have which you feel is relevant to the position for which you are applying.							
Please list any job-related clubs, professional societies, or other associations to which you belong.							
Language Skill:		<input type="checkbox"/> Speak		<input type="checkbox"/> Read		<input type="checkbox"/> Write	
Language Skill:		<input type="checkbox"/> Speak		<input type="checkbox"/> Read		<input type="checkbox"/> Write	

EMPLOYMENT HISTORY	
Current/Most Recent Employer:	
Address	
Job Title	Supervisor Name & Contact No.:
Start Date:	End Date:
Job Responsibilities:	
Reason(s) for Leaving:	
Former Employer:	
Address	
Job Title	Supervisor Name & Contact No.:
Start Date:	End Date:
Job Responsibilities:	
Reason(s) for Leaving:	

EMPLOYMENT HISTORY	
Former Employer:	
Address	
Job Title	Supervisor Name & Contact No.:
Start Date:	End Date:
Job Responsibilities:	
Reason(s) for Leaving:	
Please explain any gaps in your employment history.	
May we contact your current employer? If no, please explain. YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been involuntarily terminated or asked to resign from any position? If yes, please describe the circumstances.	

REFERENCES			
Full Name		Title	
Company		Email	
Relationship		Contact Number(s):	
Full Name		Title	
Company		Email	
Relationship		Contact Number(s):	
Full Name		Title	
Company		Email	
Relationship		Contact Number(s):	

Successful applicants must provide a minimum of three professional references including former/current supervisors, co-workers, and/or professors/teachers. References may not be relatives.

ACKNOWLEDGMENT & AGREEMENT

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or omission of information on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed; regardless of the time elapsed before discovery.

I hereby authorize Gurusamy, Inc. dba Health Services of the Pacific (HSP) to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for employment and, further, authorize the references that I have listed to disclose to HSP all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release HSP, my former employers and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

I understand that, pursuant to 42 CFR § 418.411(d), HSP is required to perform criminal background checks on all existing and prospective employees who have direct contact or access to patient records.

Print Name	Applicant Signature	Date

For Human Resources Department Only

Date Received by HR: _____ Date sent to Department Manager for review: _____

Date and Time of Interview: _____

Name of Interviewers: _____

Comments: _____