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414 W Soled	ad Ave, Suite	501G, Hagatna, GU 96910				Temp/Regular
Name:		Last	First		MI	
Address	1	eet/P.O. Box	City/Village	State	Zip Code	
FMPI O	YMFNT H	IISTORY (Start with mo	est recent joh)			
From	То	Name of Firm		Supervisor	Reason For Leaving	Position Held & Responsibilities
		Firm	Type of Business	Name		
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Have you e	ever been di	scharged or asked to resign from	n any position for misconduct or unsatisfactor	ry performance. If yes, please explain.		1
Emergency	/ Contact:					-



Employment Application

414 W Soledad Ave Suite 501G, Hagatna, GU 96910

PERSONAL INFO (Continued)						 I understand that the position I am being considered for is a temporary position and not permanent employment. I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion, that the policies and procedures are not intended to be a contract of employment nor do they give me any right of continued employment; and that my employment may be terminated at my option or at the option of this Company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understanding regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing. 					
Are you legally eligible for employment in the U.S.?				U.S.?							
Are you able to meet the attendance requirement of the position? Will you work overtime?				nent of the position?							
				_							
What date are you available to work?											
What hours	are you a	vailable	to work	?							
							3. I certify that all information given on this employment application, any resume that I submit to the Company, and any related employment papers and answers given during oral interviews are true and correct. I understand that this Company may make a				
SKILLS					_		thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by this Company during the course of such an investigation. I understand that if any information I have submitted is discovered to be false, I				
	Comp	uter Skil	lls		Other Skills		may be disqualified for employment and, if already employed, I may be subject to immediate dismissal. I hereby release from liability				
		Basic	Int	Adv	Check Mark Applicable		all persons who provide information to my employer during the course of any such investigation.				
Word					Phone System						
Excel					Data Entry		4. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain in from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions				
Powerpoint					Word Processing		otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and us information in the employment process and all other persons, corporation or organizations for furnishing such information a				
Quickbooks					Filing						
Peachtree					Bookkeeping						
Quicken					A/R, A/P, Payroll		I certify that I have read, fully understand and accept all terms of the foregoing statement.				
Photoshop					Skilled (Elec, Carp, Plum)						
Illustrator					General Labor						
Other					Other			Print Name	Signature	Date	
PERSON	AL REF	EREN	CES					Notes:			
Name Compar					Compan	ıy					
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