



GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
EMPLOYMENT APPLICATION



GENERAL INSTRUCTIONS & INFORMATION

SUBMITTING YOUR APPLICATION

Complete this application by printing in black/blue ink or typing. If additional space is needed, continue on item #12, or a separate sheet(s) may be attached. If you wish to submit a RESUME, your resume must contain all of the required information under item #11, Work Experience Section, for each work described. Resumes not in compliance may be considered incomplete. **WE WILL ONLY ACCEPT APPLICATIONS ORIGINALLY FORMATTED BY THE GOVERNMENT OF GUAM. You must submit an application for each currently announced position you are applying for with your original signature. Your application is non-transferable.** All applications being submitted must comply with the deadline stated on the JOB ANNOUNCEMENT.

RATING PROCESS

The contents of the employment application and other substantiating documents will be thoroughly reviewed to determine if you meet the minimum qualification requirements of the position. Under the Work Experience Section, item #11, be sure to include all your work experience in order to help us evaluate your qualifications. Volunteer work and employment in the military service on a part-time basis as well as work experience in a detailed capacity will be credited based on their own merits. You maybe rated ineligible if you do not provide sufficient information and/or supporting documents. **Submission of new information on education and/or work experience after an eligibility list is established is generally prohibited, exceptions maybe based upon a valid appeal. You must sign and date your application. In addition, you must fill out, sign and date the "Suitability Determination" form. Failure to fill out, sign & date in these two areas will result in your application being rejected.**

NOTIFICATION OF RESULTS

Your employment application is part of an examination process. Your employment application will be evaluated and rated. An incomplete employment application will result in an ineligible rating. You may be scheduled for additional examinations depending on the position requirements. The results will be mailed to you. **IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGES TO YOUR ADDRESS OR TELEPHONE NUMBER.**

REQUIRED DOCUMENTS

To validate credentials you may claim, (e.g. High School Diploma, College Transcript, DD-214), **an original or certified copy of the document(s) must accompany the application.** Failure to provide proof may result in your disqualification. Refer to the specific job announcement for all required documents needed. The applicant shall be responsible to provide all required documents for each employment application submitted. If selected, you will be required to submit recent Police & Court Clearances.

HANDBOOKS AND STUDY GUIDES

An Applicant Handbook describing the application process and Study Guides for most examinations are available upon request at the Department of Administration, Human Resources Division or the respective department or agency.

U.S. MILITARY PREFERENCE POINTS

As a veteran of the Armed Forces of the United States or a member of the Guam Police Combat Patrol, you are entitled to claim five (5) preference points, if you have **completed at least 180 cumulative days of active duty and received other than a dishonorable discharge. To claim the points, you must fill out a "Preference Points" request form and provide your DD-214 Member 4, which indicates your service dates and character of service.** To claim an additional five (5) points for disability, you must provide a letter from the U.S. Department of Veterans Affairs, which specifically states that you are entitled to Civil Service Preference for a service connected disability. If eligible for any of the preference points, the points will be added to your passing final earned rating. [Reference: 4 GCA §4104(a)(b)(c)].

PREFERENCE POINTS FOR PERSONS WITH DISABILITIES

As a person with a disability, you are entitled to claim five preference points, if you are certified with a disability. **To claim the points, you must fill out a "Preference Points" request form and attach the "Certification of Disability" form signed by the Director of the Department of Public Health and Social Services. DO NOT** attach any medical history information. If eligible for any of the preference points, the points will be added to your passing final earned rating. (Reference: 4 GCA §4104(a)(b)).

PREFERENTIAL HIRE STATUS

As a recipient of a educational loan or merit scholarship, you are entitled to first offer of employment in accordance with Public Law 15-127, (notwithstanding any other laws which may supersede). To claim preferential hire, you must submit your eligibility letter from the University of Guam Financial Aid Office, along with your job application. Preference hiring is only awarded for initial employment. In addition, declination offer will result in the removal of preferential hire status.

WORK ELIGIBILITY UPON SELECTION

U.S. citizens may apply for all government of Guam jobs. Non U.S. citizens, such as U.S. Permanent Residents, citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply for employment in MOST GovGuam jobs. Please consult the job announcement for any specific requirement. Public Law 99-603 (8 USC Section I324A) requires the government of Guam to verify your identity and work eligibility. For Additional information, please visit the U.S. Citizenship and Immigration Services website, www.uscis.gov and review the Employment Eligibility Verification, Form I-9.

FAMILY MEMBERS IN THE GOVERNMENT

To avoid violation of the Nepotism Rule, or related statutes, whereby spouses and persons within the first degree of "blood relationship" may not be employed in the same department or agency in a supervisor-subordinate relationship and where two or more family members under the same household are prohibited; exception to this rule may be made for the good of the government service.) Upon selection and processing with the Department of Administration, Human Resources Division, please disclose family members employed within your agency/department.

If you have any questions, please contact the Department of Administration, Human Resources Division, P.O. Box 884, Hagatna, Guam 96932. Telephone number(s): (671) 475-1141/1128, Fax Number: (671) 477-3671. E-Mail: doajobs@doa.guam.gov Web Site: www.doa.guam.gov.



FORM AI

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
VOLUNTARY DATA RECORD SURVEY
(EQUAL EMPLOYMENT OPPORTUNITY DATA)

The purpose of this form is to monitor the Affirmative Action and Equal Employment Opportunity representation within our diverse community. We are seeking your assistance to help us in this effort by accurately completing this form. Your cooperation is completely voluntary. The information is for data purposes only and will be maintained in a confidential file within the Equal Employment Opportunity (EEO) Department, separate from your application. It will not be used to make a decision regarding your application for employment. This form will be detached prior to the examination process.

1. POSITION TITLE APPLIED FOR: _____

2. JOB ANNOUNCEMENT NO.: _____ DATE: _____

3. CITIZENSHIP:

- U.S.
Permanent Resident
Federated States of Micronesia
Republic of Marshall Islands
Republic of Palau
Other: _____

4. HOW DID YOU LEARN OF THE JOB FOR WHICH YOU ARE APPLYING?

- Job Information Bulletin Board, Government Agency. Specify: _____
Department of Administration, Human Resources Division Job Information Counter/DOA-HR Website
One Stop Career Center, Department of Labor
Job Announcement. Specify where seen: _____
Newspaper Announcement. Specify: _____
Relative, Friend, or Government Employee
Other. Specify: _____

5. SEX:
Male Female

6. MARITAL STATUS:
Single Married

7. AGE:
17 years and below
18 years to 39 years
40 years and above

8. Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- HISPANIC / LATINO = A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
Not HISPANIC / LATINO

Part 2. Race: What is the person's race (choose one or more)

- AMERICAN INDIAN or ALASKA NATIVE - A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
BLACK or AFRICAN AMERICAN - A person having origins in any of the black racial groups of Africa.
NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
WHITE - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
TWO OR MORE RACES - All persons who identify with more than one of the above five races.

The government of Guam is an Equal Employment Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex (sexual harassment and orientation), national origin, age, physical or mental disability, marital status, political affiliation, or retaliation, except for positions requiring bona fide occupational qualifications.



**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT APPLICATION
GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION**

OFFICIAL USE ONLY - REQUIRED DOCUMENTS

Accepted By (Print Name & Initial): _____

Date: _____ Received by: _____

Driver's License	Y	N	N/A
Type: _____ State: _____ Exp. Date: _____			
H.S. Diploma/GED	Y	N	N/A
College Transcript	Y	N	N/A
Police Clearance	Y	N	N/A
Court Clearance	Y	N	N/A
Other: _____	Y	N	

APPLICATION # : _____

**** OFFICIAL USE ONLY ****

APPLICATION INSTRUCTIONS: Give full and complete information. For questions which do not apply to you, please write "N/A" (Not Applicable). Your Social Security Number is necessary to maintain proper identification of your records. Refer to the page entitled "GENERAL INSTRUCTIONS & INFORMATION" for further information.

1. POSITION APPLIED FOR:	2. JOB ANNOUNCEMENT NO.:	3. LOWEST SALARY ACCEPTABLE:
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4. NAME: Last _____ First _____ Middle _____	5. SOCIAL SECURITY NO.:
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6. MAILING ADDRESS: P.O. Box or Street Number _____	City _____	State _____	Zip Code _____
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7. HOME ADDRESS: Street Number _____	City _____	State _____	Zip Code _____
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8. PHONE NO.: Home _____	Cell: _____	E-mail: _____
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9. **EDUCATION:** Please check and indicate all of your formal educational accomplishments:

High School Graduate - School: _____
 Location: _____ Year Graduated: _____

Completed G.E.D. - School: _____
 Location: _____ Certificate No.: _____ Year Graduated: _____

Indicate Last Grade Completed in High School (circle one): 9th 10th 11th
 School: _____

Name and Location of College/University	Dates of Attendance		Credit Hrs. Completed		Course of Study	Type of Degree	Year Earned
	From	To	Sem.	Qtr.			
Major Undergraduate Courses	Sem. Hrs.	Qtr. Hrs.	Major Graduate College Courses		Sem. Hrs.	Qtr. Hrs.	

10. **LIST MANUALS, EQUIPMENT, LICENSES, SPECIAL TRAINING, AND/OR CERTIFICATES PERTINENT TO THE POSITION APPLIED FOR:**

11. WORK EXPERIENCE

This portion must be accurate and complete. Please be as detailed as possible to obtain full credit for your work experience. Applications lacking sufficient information may be rejected. Under A, please indicate whether it is your PRESENT OR LAST EMPLOYER IF NOT CURRENTLY EMPLOYED. **List your entire work history, including part-time, volunteer and detail appointments. List jobs in order by starting with your present job, or last job if you are unemployed. List each promotion as a separate job. Duties should include most difficult or most important responsibilities, and/or most significant accomplishments in the position held, to include percentage of time spent.** If additional space is needed, continue on item #12, or a separate sheet(s) and attach to application.

A. NAME OF EMPLOYER/MAILING ADDRESS (Check one:) <input type="checkbox"/> Present or <input type="checkbox"/> Last Employer	Telephone No.: Immediate Supervisor:	From: Mo _____ Day _____ Year _____ To: Mo _____ Day _____ Year _____ HRS. WORKED PER WEEK: _____
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Position Title:	Salary:	Reason for Leaving:
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Type of Business (i.e. construction)	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

B. NAME OF FORMER EMPLOYER/MAILING ADDRESS	Telephone No.: Immediate Supervisor:	From: Mo _____ Day _____ Year _____ To: Mo _____ Day _____ Year _____ HRS. WORKED PER WEEK: _____
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Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

C. NAME OF FORMER EMPLOYER/MAILING ADDRESS	Telephone No.: Immediate Supervisor:	From: Mo _____ Day _____ Year _____ To: Mo _____ Day _____ Year _____ HRS. WORKED PER WEEK: _____
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Position Title:	Salary:	Reason for Leaving:
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Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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Specific Duties Performed and Percentage of Time Spent:	%

11. WORK EXPERIENCE (con't)

D. NAME OF FORMER EMPLOYER/ MAILING ADDRESS:			Telephone No.:		From: Mo _____ Day _____ Year _____	
			Immediate Supervisor:		To: Mo _____ Day _____ Year _____	
					HRS. WORKED PER WEEK: _____	
Position Title:			Salary:		Reason for Leaving:	
Type of Business:			This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
Specific Duties Performed and Percentage of Time Spent:						%
E. NAME OF FORMER EMPLOYER/ MAILING ADDRESS			Telephone No.:		From: Mo _____ Day _____ Year _____	
			Immediate Supervisor:		To: Mo _____ Day _____ Year _____	
					HRS. WORKED PER WEEK: _____	
Position Title:			Salary:		Reason for Leaving:	
Type of Business:			This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
Specific Duties Performed and Percentage of Time Spent:						%
F. NAME OF FORMER EMPLOYER/ MAILING ADDRESS:			Telephone No.:		From: Mo _____ Day _____ Year _____	
			Immediate Supervisor:		To: Mo _____ Day _____ Year _____	
					HRS. WORKED PER WEEK: _____	
Position Title:			Salary:		Reason for Leaving:	
Type of Business:			This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
Specific Duties Performed and Percentage of Time Spent:						%

12. **USE THIS BLOCK TO CONTINUE YOUR RESPONSES TO ANY NUMBERED SECTIONS OR ITEMS:** (Please specify No. of item.)

13. **INDICATE WHAT TYPE OF EMPLOYMENT YOU ARE WILLING TO ACCEPT IF OFFERED?**

Please note the following: you will be considered for only those types of employment that you have checked, you may check more than one; if you wish to change your choices after application submission, please contact the Recruitment Branch at 475-1128/1141.

- Probationary** (leading to permanent employment)
- Limited Term** (employment up to 1 year)
- Temporary** (employment up to 120 working days)
- Part-time** (less than 40 hours per week)
- On-call, Seasonal, Intermittent, or Provisional** (as required by agency)

14. **PREFERENTIAL HIRE STATUS**

This applies only to first time applicants of government of Guam Merit Scholarship or Educational Loan Recipients. If you wish to claim Preferential Hire Status, please check "Yes" and attach letter of eligibility, if not, check "N/A." This status is applicable only for initial employment with the government of Guam. Approval of claim is subject to verification.

If applicable, please specify previous applications in which you claimed preferential hire status (Continue on separate sheet if necessary). If yes, please specify:

- | | |
|---|------------------------------|
| 1. Department/Agency: _____ Position Title: _____ Year: _____ | <input type="checkbox"/> YES |
| 2. Department/Agency: _____ Position Title: _____ Year: _____ | <input type="checkbox"/> NO |
| 3. Department/Agency: _____ Position Title: _____ Year: _____ | <input type="checkbox"/> N/A |

15. **PERSONAL CONTACT** (Optional: In the event that we are unable to contact you, please give three names for reference.)

NAME	ADDRESS	TELEPHONE NO.

IMPORTANT INFORMATION
PLEASE READ BEFORE SIGNING THIS APPLICATION

Job Application: The job application you submit is considered current for one year from the date the eligibility list is established. **IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGES TO YOUR ADDRESS OR TELEPHONE NUMBER.**

Evaluation Methods: To determine your qualifications for the position which you are applying, job related tests designed to reveal your capacity to successfully perform the duties of the position are utilized. Most positions require an evaluation of your application to determine your qualification based on a rating of your education and experience. Additional examinations such as a written and an abilities test may be required depending on the particular job requirements of the position. The top eligibles will be referred for employment consideration for each vacancy subject to any relevant laws and the Personnel Rules and Regulations of the respective department or agency. If a selection interview is required, you will be notified. Failure to submit to employment examination requirements will result in an ineligible rating.

Drug Screening: Upon selection for employment into the government of Guam, you must take and pass urinalysis testing for illegal use of drugs. In addition, government employees are subject to their respective Drug-Free Work Place Program requirements. Failure to submit to drug testing will result in immediate disqualification or disciplinary action.

Pre-Employment Medical Examination: All applicants accepting employment with the government must take and pass a pre-entry physical examination as a condition of employment or continued employment. Applicants accepting employment with educational institutions and/or agencies requiring health clearance must take and pass a pre-entry examination as a condition of employment. All applicants/employees are responsible for all expenses incurred for this examination. Failure to satisfactorily meet or complete the specific requirements of the examination may result in your disqualification or termination from employment.

Background Investigation: When you sign this job application, you authorize the government to seek and obtain information regarding your suitability for employment, **to include but not limited to local and federal court job related convictions.** All factors which are job related may be investigated (e.g., previous employment, educational credentials, and criminal record). All information obtained may be used to determine your eligibility for employment in accordance with equal employment opportunity guidelines. In addition, when you sign this application, you release previous employers and job related sources from legal liability for the information they provide relative to your suitability for employment.

Probationary Period: If you are selected for permanent appointment to a classified position, you must initially undergo a probationary period subject to the Personnel Rules and Regulations of your respective department or agency. **All temporary, Limited Term, part-time and on-call employees do not serve a probationary period and are subject to termination at will.**

FAMILY MEMBERS IN THE GOVERNMENT

To avoid violation of the Nepotism Rule, or related statutes, whereby spouses and persons within the first degree of "blood relationship" may not be employed in the same department or agency in a supervisor-subordinate relationship and where two or more family members under the same household are prohibited; exception to this rule may be made for the good of the government service. Upon selection and processing with the Department of Administration, Human Resources Division, please disclose family members employed within your agency/department.

16. APPLICANT STATEMENT

(ATTENTION: Read the following certification and agreement before signing this application.)

I, _____, hereby certify that all statements made on this application are true, complete
(PRINT NAME)

and correct to the best of my knowledge. I understand that any false or dishonest answer to any question on this application may be grounds for rating me ineligible for employment and removing my name from the list of eligibles, or rescinding an employment offer, or dismissing me after an appointment. I hereby authorize the use of my social security number for the purpose of record keeping and authorize any investigation of all statements made, my personal history, including checks of fingerprints, police records, **to include but not limited to local and federal court job related convictions** and former employers and all other information as deemed necessary to make a proper employment decision. I hereby release previous employers/related sources from legal liability for information they provide regarding my suitability for employment with the government of Guam.

SIGNATURE OF APPLICANT (sign in blue/black ink)

DATE



Government of Guam
Department of Administration
SUITABILITY DETERMINATION



FORM A2

Name:	Social Security Number:	Position Applied For:
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The following information will be used to determine your suitability for employment. Convictions, dismissals from employment, or dishonorable separations from military service do not mean automatic disqualification. In determining employment suitability, we will evaluate the circumstances of each individual case, keeping in mind the requirements of the position applied for. If more space is needed, attach an additional sheet and reference the appropriate question.

<p>1. DISMISSAL FROM EMPLOYMENT/DISHONORABLE SEPARATIONS FROM MILITARY SERVICE Within the past seven years, were you:</p> <ul style="list-style-type: none"> • Discharged (fired) from employment for any reason? <input type="checkbox"/> YES <input type="checkbox"/> NO • Asked to resign (quit) after being informed that your employer intended to discharge (fire) you for any reason? <input type="checkbox"/> YES <input type="checkbox"/> NO • Separated from military service under conditions other than honorable? <input type="checkbox"/> YES <input type="checkbox"/> NO <p>If "yes" to any of the questions above, please give: Employer's Name/address: _____ Date of Action: _____ Reason in Each Case: _____</p>	
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<p>2. CONVICTION FOR VIOLATION OF LAW</p> <ul style="list-style-type: none"> • Have you been convicted of one or more violations of law (e.g., felony, misdemeanor, etc.)? In answering this question, also consider that you may answer "NO" if the following applies: <ul style="list-style-type: none"> • All offenses for which you were tried were as a minor or juvenile • All convictions were annulled or expunged (however see note below) <p>If you were previously convicted of a felony and had your conviction expunged, you are not eligible to be employed in any peace officer position (4 GCA 4203.1). In addition, if you were administratively pardoned of any crime, you are not eligible to be employed as a police officer (10 GCA 77114. Please do not apply for these positions.</p> <ul style="list-style-type: none"> • Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State/Government of Guam or the federal government by force or violence? <input type="checkbox"/> YES <input type="checkbox"/> NO 	
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If "yes" to any of the above, you must submit a local Police Clearance and Court Clearance, no older than one month from the application date. In addition, I hereby authorize the Department of Administration to also obtain information on convictions within the U.S. Federal Court System. Applicants selected for initial employment shall provide an updated Suitability Form (no later than 30 days of being selected) prior to a Pre-Employment Drug Test (if required) or if I'm convicted of any crimes AFTER submission of my application. Also you must attach an additional sheet of paper to this form explaining the incident including dates, circumstances, and the penalty imposed.

APPLICANT STATEMENT
(ATTENTION: Read the following certification and agreement before signing this form.)

I, _____, hereby certify that all statements made on this suitability form are true, complete, and correct (PRINT NAME)

to the best of my knowledge. I understand that any false or dishonest answer to any question on this form may be grounds for rating me ineligible and removing my name from the list of eligibles, or rescinding an employment offer, or dismissing me after an appointment. I hereby authorize the Department of Administration to conduct an investigation of my personal, educational, financial, **to include but not limited to local and federal court job related convictions** or employment history and I authorize any former employer and any other person, firm, corporation, institution or government agency to give the Department of Administration any information they may have about me. In consideration of the Department of Administration's review of my application for employment, I release the Department of Administration and all providers of information from liability as a result of furnishing or receiving this information.

SIGNATURE OF APPLICANT
(sign in blue/black ink)

DATE



Government of Guam
Department of Administration
Preference Points Request Form



FORM A3

This form is used to award preference points for Veterans of the Armed Forces of the United States or the Guam Police Combat Patrol and Persons with a disability. This form is separate and apart from the job application. IF APPLYING FOR MORE THAN ONE POSITION, YOU MUST COMPLETE THIS FORM FOR EACH APPLICATION SUBMITTED IN ORDER TO RECEIVE CREDIT FOR EACH POSITION APPLIED.

NAME:	SOCIAL SECURITY NUMBER:	POSITION TITLE:	JOB ANNOUNCEMENT NO:
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1. PREFERENCE POINTS FOR VETERANS OR POLICE COMBAT PATROL: Please indicate

- 5 preference points: (Provide DD-214 Member 4, which indicates service dates)
- 10 preference points: (Disabled Veteran) (Please provide U.S. Department of Veterans Affairs letter)
- Branch: _____ Type of Discharge: _____ Dates of Service: _____

2. PREFERENCE POINTS FOR PERSONS WITH DISABILITIES

- Please indicate:** 5 preference points (Attach Certification of Disability from Department of Public Health)
- Date of Certification: _____

APPROVAL OF POINTS IS SUBJECT TO VERIFICATION. PLEASE SUBMIT YOUR APPROPRIATE DOCUMENTS SUCH AS DD214 MEMBER 4, V.A. SERVICE CONNECTED DISABILITY DOCUMENT, OR CERTIFICATION FROM PUBLIC HEALTH. FOR VETERANS, YOUR DOCUMENT MUST SHOW THAT YOU SERVED A MINIMUM OF 180 CUMULATIVE DAYS OF ACTIVE DUTY AND RECEIVED OTHER THAN A DISHONORABLE DISCHARGE. PLEASE SEE GENERAL INSTRUCTION PAGE FOR MORE INFORMATION. PLEASE NOTE, THESE PREFERENCE POINTS ARE ADDED TO AN APPLICANT'S PASSING SCORE, IT CANNOT BE USED TO QUALIFY AN OTHERWISE UNQUALIFIED APPLICANT.

APPLICANT STATEMENT

(ATTENTION: Read the following certification and agreement before signing this form.)

I, _____, hereby certify that all statements made on the preference point form are true, complete, and
(PRINT NAME)
correct to the best of my knowledge. I understand that any false or dishonest answer to any question on this form may be grounds for rating me ineligible and removing my name from the list of eligibles, or rescinding an employment offer, or dismissing me after an appointment. I hereby authorize the Department of Administration to conduct an investigation of my personal, educational, financial, **to include but not limited to local and federal court job related convictions** or employment history and I authorize any former employer and any other person, firm, corporation, institution or government agency to give the Department of Administration any information they may have about me. In consideration of the Department of Administration's review of my application for employment, I release the Department of Administration and all providers of information from liability as a result of furnishing or receiving this information.

SIGNATURE OF APPLICANT
(sign in blue/black ink)

DATE