



**Pacific Underwater Observatories, Inc.**

dba: Fish Eye Marine Park

818 North Marine Corps Drive, Piti, Guam 95915

Tel: (671) 475-7777 / Fax: (671) 477-3570

## Employment Application

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

### Personal Information (Place print)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email \_\_\_\_\_

If hired, can you show proof of legal authorization to work in the United States?  Yes  No

Are you at least 18 years of age?  Yes  No

Are you able to work any shift, including nights and weekends?  Yes  No

If answered NO, please state reason \_\_\_\_\_

In what other languages other than English can you converse \_\_\_\_\_ Fluently? \_\_\_\_\_

### Training and Education

Circle Highest grade completed:  8  9  10  11  12  GED

College/other training: Major/Subject \_\_\_\_\_ Degree/Certificates \_\_\_\_\_  
\_\_\_\_\_

Skills: Type of Experience \_\_\_\_\_ Level of Experience \_\_\_\_\_  
\_\_\_\_\_

Professional License, Technical, Skills Certifications \_\_\_\_\_

Others \_\_\_\_\_

### Employment History (beginning with your present or most recent employment)

Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for separation \_\_\_\_\_

Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ May we contact this employer?  Yes  No

Reason for separation \_\_\_\_\_

**References** (Give names of three persons NOT related to you, whom you have know at least one year)

Name \_\_\_\_\_ Business/Occupation \_\_\_\_\_ Contact No. \_\_\_\_\_  
Name \_\_\_\_\_ Business/Occupation \_\_\_\_\_ Contact No. \_\_\_\_\_  
Name \_\_\_\_\_ Business/Occupation \_\_\_\_\_ Contact No. \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Address \_\_\_\_\_ Contact No. \_\_\_\_\_

1. I authorize investigation of all statements contained in this application.
2. I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misinterpretations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.
3. In consideration of my employment, I agree to conform to the company's rules and regulations. I agree that my employment and compensation can be terminated, with or without cause, with or without notice at anytime, at either my or the company's option.
4. I also understand and agree that the terms and conditions of my employment may be changed with or without notice at any time by the company.
5. I understand that no company representative, other than the General Manager, and then only when in writing and signed by the General Manager, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**HR DEPARTMENT USE ONLY**

**1st Interview**

Date \_\_\_\_\_ By \_\_\_\_\_ Proposed Wage \_\_\_\_\_ Position \_\_\_\_\_

Comments \_\_\_\_\_

Reference Check \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_ Proposed Wage \_\_\_\_\_ Position \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_ Hire  Yes  No

**Approved**

AGM	GM	COMPANY

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Date of Hire from \_\_\_\_\_ to \_\_\_\_\_

( ) Resigned  
( ) Terminated

- ( ) Time Card/ Uniform Record ( ) Identification Copy ( ) Dive/Lifeguard Certificate ( ) Health Certificate ( ) I9  
( ) Police/Court Clearance ( ) Emp. Manual Acknowledgment ( ) G License/Med Exam Cert. ( ) ABC Card ( ) W4