



GlimpsesAdvertising
GlimpsesPublications

EMPLOYMENT APPLICATION

Please indicate which company(ies) you are applying for:

| | | | | |
|-----------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> COCA-COLA BEVERAGE GUAM | <input type="checkbox"/> FOREMOST FOODS, INC. | <input type="checkbox"/> SUBWAY GUAM & FOREMOST SCOOPS | <input type="checkbox"/> GLIMPSES OF GUAM | <input type="checkbox"/> CHILIS GUAM |
|-----------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|-----------------------------------------|

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| INSTRUCTIONS: PLEASE PRINT LEGIBLY AND USE INK | | DATE: | |
| Name (Last) _____ (First) _____ (Middle) _____ | | | |
| Mailing Address: _____ | | Contact Numbers: _____ | |
| Permanent Address: (If different from above) _____ | | Email Address: _____ | |
| Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have any immediate family members working with us? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have you ever been employed by us before? If yes, give date and company? | |
| If you are a minor, do you have the necessary work permit or other required documentation, which would permit you to work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| POSITIONS AND AVAILABILITY | | | |
| List positions in order of preference. | | Availability Comments: | |
| 1.) | | | |
| 2.) | | | |
| 3.) | | | |
| | | Available Start Date: | Desired Salary: \$ |
| Employment Status Availability | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temporary |
| Please specify shift availability | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Graveyard |
| EDUCATION | | | |
| Name of Educational Institution | Years Completed | Major and Minor Subjects | Please indicate if you received a Diploma, Degree, GED or Certificate |
| High School | | | |
| College | | | |
| University | | | |
| Other Institution | | | |
| JOB-RELATED SKILLS | | | |
| What computer applications/programs are you familiar with? | | | |
| How many WPM are you able to type? | | What office equipment do you operate? | |
| Other qualifications such as special skills, abilities, licenses or certifications | | | |

EMPLOYMENT HISTORY

List all periods of employment for the last 10 years (if applicable) starting with your current or most recent position. List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at each company.

| | | | | |
|-----------------------------------------|----------------|-----------------|----------------------------------|--------------|
| Name of Employer: | | | Type of Business: | |
| Address: | | | Phone Number(s): | |
| Dates Employed: From: To: | Starting Title | Ending Title | Starting Salary | Final Salary |
| Name of Supervisor: | | May we contact? | Reason for Leaving (Be specific) | |
| Nature of Duties | | | | |

| | | | | |
|-----------------------------------------|----------------|-----------------|----------------------------------|--------------|
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| Nature of Duties | | | | |

Have you ever been involuntarily terminated or asked to resign from any prior position of employment?

Yes No

If yes, please indicate name of company. _____ When? _____

Why? _____

PLEASE READ CAREFULLY

ACKNOWLEDGEMENT:

(The below acknowledgement encompass the companies of Coke, Foremost Foods, Glimpses of Guam, Subway Guam and Chilis Guam, hereinafter referred to as "The Companies")

I acknowledge that the information I have provided on this employment application is true and complete and will be verified. I understand that any falsification or omission of information on this application or during the Interview or hiring process, no matter when discovered shall constitute grounds for denial of employment or immediate termination of employment.

I understand that any offer of employment is contingent on: (1) successful completion of a pre-employment drug testing and, where applicable, a physical exam; (2) successful completion of criminal background checks, all reference checks, and any financial checks as may be required in compliance with the Fair Credit Reporting Act; (3) my providing appropriate work authorization and completing an "I-9 Form" within the time period prescribed by law and where required by law, providing proof of age; (4) if I am licensed, verification of any license(s) and/or registration(s), and the absence of any violation, fine, suspension or other regulatory action taken against me; and (5) successful completion of any additional documentation and examinations required by "The Companies" as a condition of employment.

I authorize any inquiry to be made on the information contained in the application. Former employers and educational institutions are authorized to provide information about me and I hereby release them from all liability and waive any privilege I have to such information. I authorize any sharing of this information along with other investigative information among affiliates of "The Companies". I understand that this application is not an offer or contract of employment, and that nothing stated during any interview or contained in any of the policies, procedures or handbooks that I may receive, creates a contractual relationship with or contractual obligation on the part of "The Companies". I understand that if hired my employment with any of "The Companies" is "at will" and can be terminated by me or by the companies at any time, with or without prior notice, for no reason or any reason not otherwise prohibited by law. If I am employed, I understand that additional personal information will be required for determination of benefit eligibility and for statistical purposes.

I understand that "The Companies" will make reasonable accommodation for a qualified applicant or employee with a disability unless it would cause an undue hardship. It is my obligation if I am a person with a disability to request reasonable accommodation if needed.

I hereby acknowledge that I have read the above statement and understand it.

Signature/Date

After completing the application and the attached voluntary survey, please enclose and seal in an envelope addressed to the Human Resources Department

"The Companies" are Equal Opportunity Employers and do not discriminate against otherwise qualified applicants on the basis of race, color, sex, age, religion, ancestry, national origin, sexual orientation, disability, or status as a disabled, other protected, recently separated, or Armed Forces Service Medal veteran.

EEO: Voluntary Self Identification Form

Our companies are equal opportunity employers and do not discriminate on the basis of race, color, sex, age, religion, ancestry, national origin, sexual orientation, disability, or status as a disabled, other protected, recently separated, or Armed Forces Service Medal veteran. As equal opportunity employers, we comply with all relevant government regulations and affirmative action responsibilities. Solely to help us with record keeping, reporting, and other legal requirements, we offer you the opportunity to complete this self-identification form. Submission of this information is completely voluntary. Whether you provide this information or not, you will not be subject to adverse treatment.

GENDER: Male Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North America.

___ **Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Please check one.

Guam

FSM

Other Pacific Islands

CNMI

Republic of Palau

___ **Asian (Not Hispanic or Latino)** 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.

Please check one.

Philippines

Korea

Taiwan

Japan

Hong Kong

Other Asians

___ **American Indian or Alaska Native (Not Hispanic or Latino)** 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.

___ **Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

VETERANS (Check all that apply)

Disabled Veteran

Recently Separated Veteran

Other Protected Veteran

Armed Forces Service Medal Veteran

___ PERSONS WITH DISABILITIES

___ I have elected to NOT complete this form.

Name: _____ Signature/Date: _____

Thank you for your participation!