

LAGU, LLC

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EMPLOYMENT APPLICATION

(AN EQUAL EMPLOYMENT EMPLOYER)

DATE OF APPLICATION _____

PERSONAL INFORMATION					
NAME (Last)		(First)	(Middle)	SOCIAL SECURITY NUMBER	
DATE OF BIRTH	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		CONTACT NUMBER(S) () ()		EMAIL ADDRESS
HOME ADDRESS		CITY	STATE		ZIP
MAILING ADDRESS		CITY	STATE		ZIP
EMPLOYMENT INTEREST					
POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE FROM YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE SCHEDULE RESTRICTIONS? <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO	
HOW WERE YOU REFERRED TO LAGU?					
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING IN LAGU OR ANY OF ITS AFFILIATES? IF YES, STATE NAME & RELATIONSHIP. <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO					
HAVE YOU PREVIOUSLY APPLIED FOR LAGU OR ANY OF ITS AFFILIATES? <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO		POSITION APPLIED FOR		APPLICATION DATE	
HAVE YOU PREVIOUSLY WORKED FOR LAGU OR ANY OF ITS AFFILIATES? <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO		POSITION HELD		SUPERVISOR	
DATE EMPLOYED FROM: _____ TO: _____		REASON FOR LEAVING			
EDUCATION					
NAME AND LOCATION OF SCHOOL		COURSE OF STUDY		DATES ATTENDED	GRADUATED (Check One)
HIGH SCHOOL					<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE					<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER					<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent)				
DATES (Month and Year)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

MILITARY SERVICE			
HAVE YOU SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE OF ENTRY	DATE & TYPE OF DISCHARGE	BRANCH OF SERVICE	FINAL RANK
INDICATE SERVICE SCHOOL ATTENDED OR SPECIAL TRAINING RECEIVED:			

TRAININGS ATTENDED		
DATE	TYPE OF TRAINING	INSTITUTION

PROFESSIONAL REFERENCES (Please do not list relatives or personal references)			
NAME	WORKING RELATIONSHIP	CONTACT NUMBER	YEARS KNOWN

Please read carefully:

I understand that an investigation may be made to obtain information regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Lagu, LLC.

I understand and agree that if employed, the employment will be "at will." That is, either I or Lagu, LLC may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Lagu, LLC does not imply employment and that this application and/or any other Lagu, LLC documents are not contracts of employment.

SIGNATURE OF APPLICANT _____ **DATE** _____

FOR OFFICE USE ONLY

INTERVIEWED BY:			DATE	
REMARKS				
HIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION	DEPARTMENT	SALARY	DATE REPORTING TO WORK
APPROVED BY				
EMPLOYMENT MANAGER		DEPARTMENT HEAD		GENERAL MANAGER