



Hafa Adai Applicant,

Thank you for your interest in becoming part of the G4S Marianas team! Please complete all sections of this application and in particular, the reference section where it asks you to provide complete contact information for your references. Failure to complete the application may prevent consideration for a position at G4S. All information you provide on this form is subject to verification. If we are unable to verify the statements made on this application, it may prevent G4S from considering you for employment.

G4S Marianas is an Equal Employment Opportunity (EEO) employer and will not discriminate on the basis of age, race, religion, sex (gender identity, sexual orientation, and pregnancy), color, national origin, mental or physical disability, genetic information, political affiliation, matriculation, marital status, family responsibility, or personal appearance.

Again, thank you for your interest in **G4S Marianas**.

Sincerely,  
G4S Human Resources Department

**PLEASE TYPE OR PRINT LEGIBLY**

Last Name	First Name	Middle Name
Mailing Address Street/P.O. BOX	Village	Zip Code
Home Phone	Secondary Phone	
Cellular Phone	Email Address	
Emergency Contact (in case of emergencies): Name	Relation to You	Telephone No.

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Are you a high school graduate? [ ] Yes [ ] No	Are you legally authorized to work in the United States? [ ] Yes [ ] No
Have you ever been employed by G4S? [ ] Yes [ ] No	Have you ever applied for a job at G4S? [ ] Yes [ ] No
How did you hear about G4S? (circle one) Advertisement    Website    Friend    Walk In    Employment Agency    Other _____	
Do you have any relatives who work for G4S? [ ] No [ ] Yes. If yes, please provide name and relationship to you: _____	

**POSITION(S) DESIRED**

List the position(s) for which you are applying

1.	
2.	
3.	

**CHECK ALL THAT APPLY**

Available to work	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> On-Call
Shift Preference	<input type="checkbox"/> Day	<input type="checkbox"/> Swing	<input type="checkbox"/> Night
When can you begin work?			

**EDUCATIONAL HISTORY**

Education	Name & Location	No. of Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
Undergraduate College				
Graduate College				
Trade, Business or Correspondence School				

**MILITARY SERVICE**

(Proof of your discharge papers (e.g., DD214) is a requirement of G4S background checks)

<p><b>Prior or Active Military Service:</b> Branch: _____</p> <p>Military Occupational Skill: _____</p> <p>Date of entry: _____ End of enlistment: _____ Type of discharge: _____</p>
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**OTHER SKILLS, CERTIFICATIONS, AND LICENSURES**

Please list other skills, certifications, and licensures that will be required for the position you seek.

Skill, Certification, or License	State Issuance	License Number	Date Obtained/Expiration/Renewal

## EMPLOYMENT HISTORY

**Start with your most recent or current employer. If you need additional space, use a separate sheet of paper.**

<b>1) EMPLOYER NAME</b>	Dates Employed From:            To:	Job Title
Address	Telephone	Starting Salary _____  Ending Salary: _____
Reason for Leaving		Supervisor
Work Performed		
<b>2) EMPLOYER NAME</b>	Dates Employed From:            To:	Job Title
Address	Telephone	Starting Salary _____  Ending Salary _____
Reason for Leaving		Supervisor
Work Performed		
<b>3) EMPLOYER NAME</b>	Dates Employed From:            To:	Job Title
Address	Telephone	Starting Salary _____  Ending Salary: _____
Reason for Leaving		Supervisor
Work Performed		
<b>4) EMPLOYER NAME</b>	Dates Employed From:            To:	Job Title
Address	Telephone	Starting Salary _____  Ending Salary: _____
Reason for Leaving		Supervisor
Work Performed		
<b>5) EMPLOYER NAME</b>	Dates Employed From:            To:	Job Title
Address	Telephone	Starting Salary _____  Ending Salary: _____
Reason for Leaving		Supervisor
Work Performed		

**References: Please provide at least one employment reference. Your personal references cannot be related to you. Incomplete reference information may disqualify you for a position at G4S.**

Name	Relationship to Applicant	Email Address	Phone Number

**DISCLOSURE/ACKNOWLEDGEMENT/AGREEMENT**

I certify that the information contained in this application is true and correct to the best of my knowledge. I further understand that any misrepresentation, falsification or omission of information on this application or any document used to secure employment with **G4S** will be grounds for rejection of this application or immediate discharge if am employed, regardless of the time elapsed before discovery.

I authorize **G4S** to conduct a thorough background investigation on legal, employment history and other matters related to my suitability for the position I am applying. I agree to comply with all background investigation as required. I release **G4S**, my former employers and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

I understand that if considered for employment I will be required to provide proof of legal authorization to work in the United States, provide proof of my health status and fitness for the position for which I applied, and comply with **G4S** employment requirements that may include criminal background, drug screen, credit, and consumer information.

I UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS AND REQUIREMENTS.

\_\_\_\_\_

Applicant Name (Print)

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date Signed