



AT WILL EMPLOYER

Hyatt Regency Guam is an "At Will" employer. Employment can be terminated either by yourself or the Hyatt Regency Guam with or without cause. We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, disability, or any other protected group. Please advise us if any

EMPLOYMENT APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY

Application Date: _____

JOB APPLIED FOR		
1st Choice	2nd Choice	3rd Choice
Salary/Wage Desired	Date Available	Job Class Applying for <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Days & shifts you are available to work <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> SU <input type="checkbox"/> Daytime <input type="checkbox"/> Nighttime <input type="checkbox"/> Graveyard	Are you willing to work overtime as required? <input type="checkbox"/> Yes <input type="checkbox"/> No
PERSONAL INFORMATION		
First Name	Middle Initial	Last Name
		Social Security Number
Mailing Address	PO Box / Street Address	City
		State
		Zip Code
Home Phone	Cell Phone	Email Address
WORK EXPERIENCE		
Kindly list all your work experience beginning with your current or most recent position. If additional space is needed, please attach an additional sheet.		
Company Name, Address and Phone Number	Dates Employed	From
		To
	Starting Position	Starting Salary
	Last Position	Final Salary
	Immediate Supervisor	Reason for Leaving
Company Name, Address and Phone Number	Dates Employed	From
		To
	Starting Position	Starting Salary
	Last Position	Final Salary
	Immediate Supervisor	Reason for Leaving
Company Name, Address and Phone Number	Dates Employed	From
		To
	Starting Position	Starting Salary
	Last Position	Final Salary
	Immediate Supervisor	Reason for Leaving

EDUCATION			
College or University	Name of School	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major / License / Certification
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional or Special Training		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Licenses / Certifications / Training / Other skills applicable to the job application		<input type="checkbox"/> Yes <input type="checkbox"/> No	

LANGUAGE			
ENGLISH	Writing <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Reading <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Speaking <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	JAPANESE	Writing <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Reading <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Speaking <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
KOREAN	Writing <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Reading <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Speaking <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	OTHERS _____	Writing <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Reading <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair Speaking <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

RELATIVES OR FRIENDS EMPLOYED BY HYATT (Please complete if applicable)			
Name	Department	Relationship	Remarks

ADDITIONAL INQUIRIES

In order to permit a check of your work and education records, should we be made aware of any change in name or assumed name that you previously used? Yes No If yes, please identify name(s) and relevant dates

If you have worked for Hyatt before, state where, when, final position, supervisor and reason for leaving.

If offered a position with Hyatt Regency Guam, would you be able to provide document(s) to establish your legal right to work in the United States of America? Yes No

If offered a position with Hyatt Regency Guam, would you be able to provide document(s) to establish your identity? Yes No

DECLARATION

I hereby confirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying information.

I hereby agree to submit to any lawful drug, integrity, or skill testing that may be required as condition of employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of employment may result in disciplinary action, up to and including termination. I further agree to submit to search of my person, package and bags, or of any locker or work area that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

I understand that this application is valid for 90 days; I will reapply after that time if I am still interested in employment. I also understand that my employment is terminable-at-will and that this application is not, and is not intended to be, a contract for continued employment.

By submitting this form and any supporting documents, I confirm that I have read and agreed, to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Employees, which is available at employeeprivacy.hyatt.com.

Signature

Date

Thank you for your interest in employment opportunities with Hyatt Regency Guam.

Should you be considered for a current vacancy as posted, you will be notified of the interview schedule by Human Resources.

HYATT REGENCY GUAM

EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

IMPORTANT - To enable us to meet government reporting regulations, **HYATT REGENCY GUAM** requests that you complete this personal data form. Information will be used for government reporting purposes and will be detached and kept separate from your personnel file. Any information that you choose to provide will not be considered by **HYATT REGENCY GUAM** for employment purposes and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

Name _____
Last First Initial

Date _____

GENDER

___ Female ___ Male

___ I Choose Not to Disclose Gender

RACE/ETHNICITY

1. Are you **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?

Yes ___ No ___ I Choose Not to Disclose Race/Ethnicity ___

If you checked "Yes," please do not proceed further. If you checked "No," please proceed to Question 2.

2. Do you identify with **Two or More Races (Not Hispanic or Latino)** as defined below? Yes ___ No ___.
3. Please select one or more of the following race designations as defined below.

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

___ **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.

___ **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 Phillipine Islands, Thailand, and Vietnam.

___ **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.

VETERANS SELF-ID

INVITATION TO SELF-IDENTIFY AS A PROTECTED VETERAN

HYATT REGENCY GUAM is a federal contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"), which requires contractors to take affirmative action to employ and advance in employment:

Your response is being requested on a voluntary basis. It will be kept confidential and will not be used in employment decisions.

If you belong to any of the categories listed below, please indicate by checking "YES" below.

Are you a protected veteran?

- (1) **Disabled veterans** defined as (a) veterans of the U.S. military, ground, naval or air service who are entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) persons who were discharged or released from active duty because of a service-connected disability;

YES / NO / I CHOOSE NOT TO SELF IDENTIFY

- (2) **Recently separated veterans** defined as any veterans during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service;

YES / NO / I CHOOSE NOT TO SELF IDENTIFY

- (3) **Active duty wartime or campaign badge veterans** defined as veterans who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized (including all veterans who served from August 2, 1990 – current) under the laws administered by the Department of Defense; and,

YES / NO / I CHOOSE NOT TO SELF IDENTIFY

- (4) **Armed Forces service medal veterans** defined as veterans who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

YES / NO / I CHOOSE NOT TO SELF IDENTIFY

Name: _____
Last First Middle Initial

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Your Name

Today's Date