

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 accommodation is needed to participate in the application process



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			
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you have worked for Hyatt before, state where, when, final position, supervisor and reason for leaving.</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If offered a position with Hyatt Regency Guam, would you be able to provide document(s) to establish your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
DECLARATION			
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p style="text-align: center;">_____ Signature & Date</p> <p>Thank you for your interest in employment opportunities with Hyatt Regency Guam.</p> <p>Should you be considered for a current vacancy as posted, you will be notified of the interview schedule by Human Resources.</p>			

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 Philippine 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
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

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.