



THE ROYAL ORCHID HOTEL

“Best Little Hotel on Guam”

Thank you for choosing Royal Orchid as your potential employer!

POSITION INFORMATION

Position applied for

Years of Experience

Salary Desired

PERSONAL INFORMATION

Last Name

First Name

Initial

Contact No.

Are you at least 18 years of age?

Are you legally eligible for employment in the United States? Yes No

SHIFT PREFERENCES

What shifts are you available to work? Flexible Day Evening Night Weekends

What job status are you willing to accept? Full-Time Part-Time Temporary On-Call

When will you be available to start work? ___ Month ___ Day ___ Year

EDUCATION AND TRAINING

Please describe secondary, post secondary; courses and training which have given you work related knowledge and skills. Start with the highest level achieved and specify the degrees, certificates, or diplomas completed. Official documentation may be required.

Name of Institution	Year Taken	Degree Received	Major or Specialty	Completed	
				Yes	No

ASSOCIATIONS / PROFESSIONAL AFFILIATIONS

List any active memberships or registrations in a professional career related organization or society.

SKILLS / EXPERIENCE

List any skills/experiences that you have which are relevant to the position you are applying for.

FOREIGN LANGUAGE

Please indicate any foreign languages that you speak, read, or write fluently.

Are you related to or acquainted with any employee of Royal Orchid Hotel or Manhattan Guam No Yes

If yes, please provide Name _____ Relationship _____ Years _____

WORK HISTORY

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the **major** duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a **previous name**, please specify.

Employer and Location			From	YY	MM	DD	To	YY	MM	DD
Supervisor – Reference	Telephone No.			Reason for Leaving						
Position Held	Salary Start	Salary End	No. of people supervised – if applicable							

Duties and Skills

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Duties and Skills

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Duties and Skills

APPLICANT SIGNATURE

I hereby certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, organizations, companies, entities, licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Date: _____ **Applicant Signature:** _____