



EMPLOYMENT APPLICATION

We consider applicants for all positions without regards to race, color, religions, sex, national origin, age, disability, marital or veteran status, or any other legally-protected status. (PLEASE PRINT)

UnderWater World Guam USA & SeaTREK supports a Drug Free Workplace. Drug testing is a part of The Company's Employment application process. UnderWater World Guam USA & SeaTREK are an Equal Opportunity Employer

POSITION(S) APPLYING FOR:

1. Position	[] FULL TIME [] PART TIME [] ON CALL [] TEMP
2. Position	[] FULL TIME [] PART TIME [] ON CALL [] TEMP
3. Position	[] FULL TIME [] PART TIME [] ON CALL [] TEMP

APPLICATION DATE: _____

LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		
CONTACT NUMBER (S):	Home Phone:	Mobile Phone:
EMAIL ADDRESS:		

Have you applied for a position here before? YES NO

Are you lawfully authorized to work in the United States? YES NO

Wage Expected: _____ When are you available to start work? _____

What hours are you available to work for our company?

AVAILABILITY							
Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
ANYTIME							
FROM							
TO							
NOT AVAILABLE							



SPECIAL SKILLS, CERTIFICATES or LICENSES: Is there any information which may be of value in considering your application?

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

TYPE OF SCHOOL	NAME OF SCHOOL	CITY/STATE/COUNTRY	YEAR	DEGREE OR DIPLOMA
High School			From: To:	
Undergraduate			From: To:	
Graduate			From: To:	
Others				

Please list three **PROFESSIONAL REFERENCES** who have knowledge of your qualifications.

***** DO NOT LIST FAMILY MEMBERS OR PERSONAL FRIENDS*****

PROFESSIONAL WORK REFERENCE		
FULL NAME	OCCUPATION AND COMPANY NAME	CONTACT NUMBER
EMAIL ADDRESS:		
EMAIL ADDRESS:		
EMAIL ADDRESS:		



WORK EXPERIENCE

(Start with your current or last job. Include any job-related to military service assignments and volunteer activities.)

Company Name:	Dates Employed	
	From:	To:
Supervisor:	Position:	
Contact Number:	Start Pay:	Last Pay:
Reason for Leaving:		
May we contact this employer for reference: YES _____ (Initial) NO _____ (Initial)		
Company Name:	Dates Employed	
	From:	To:
Supervisor:	Position:	
Contact Number:	Start Pay:	Last Pay:
Reason for Leaving:		
May we contact this employer for reference: YES _____ (Initial) NO _____ (Initial)		
Company Name:	Dates Employed	
	From:	To:
Supervisor:	Position:	
Contact Number:	Start Pay:	Last Pay:
Reason for Leaving:		
May we contact this employer for reference: YES _____ (Initial) NO _____ (Initial)		

UnderWater World Guam USA & SeaTREK hereinafter referred to The Company will hold your data on file for a period of one (1) year for recruiting purposes and thereafter destroy your data. If you wish to gain access to your personal data or wish to find out more about the manner in which The Company is treating your personal data, please contact us in person. The Company may disclose your personal data as required by law or to any third parties for purposes related to recruitment.



APPLICANT NAME:	DATE:
POSITION APPLIED FOR:	

Voluntary Self-Identification of Veteran Status

This employer is a Government 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 Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A “**disabled veteran**” is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is 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
- a person who was discharged or released from active duty because of a service-connected disability.

A “**recently separated veteran**” means any veteran 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.

An “**active duty wartime or campaign badge veteran**” means a veteran 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 under the laws administered by the Department of Defense.

An “**Armed forces service medal veteran**” means a veteran 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.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Submission of this information is voluntary and refusal to provide will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran
- I prefer not to answer



Voluntary Self-Identification of Disability

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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____ (if applicable)

Why are you being asked to complete this

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. 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.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson’s disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar, schizophrenia, PTSD, or major depression.

Please check one of the boxes below:

- Yes, I Have a Disability, Or Have History/Record Of Having A Disability
- No, I Do not have a Disability, Or A History/Record Of Having A Disability
- I Do not Wish To Answer



CONSENT, RELEASE AND AUTHORIZATION BY APPLICANT

THIS CONSENT, RELEASE, AND AUTHORIZATION contains provisions which have an impact on your responsibilities and rights as an applicant or an employee if hired.

I CERTIFY that all statements made on or attached to this application are true. I agree that if I misrepresent or leave out important facts on this form, then UnderWater World Guam USA & SeaTREK can refuse to employ me, or if I am employed, can immediately terminate me.

I CONSENT TO AND AUTHORIZE UnderWater World Guam USA & SeaTREK to make full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide the Company with any information of any sort (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information any liability as a result of furnishing and receiving this information.

I UNDERSTAND and agree that an investigative consumer report may be made concerning my character, reputation, personal characteristics and mode of living. I hereby consent to and authorize that such a report be made which may include information regarding my credit. Information as to the nature and scope of this report may be obtained upon written request.

I AGREE that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation of employment UnderWater World Guam USA & SeaTREK exclusively by final and binding arbitration before a neutral Arbitrator. By way of example only, such claims include claims under federal, state, and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and law of tort. I further agree with my employer that as part of any remedy in any such arbitration, the Arbitrator may award to the prevailing party costs and attorney's fees to the same extent available in court cases.

I AGREE that I may quit or **UnderWater World Guam USA & SeaTREK** may terminate my employment with or without cause at any time without liability of any kind.

I UNDERSTAND and agree that I am required to submit to drug testing and complete post-offer medical examination as part of my application of employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Company. I authorize the physician conducting the examination and any laboratory testing and specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with FEDERAL laws. The Company will keep such results confidential and disclose the results only to persons who need to now or where require by law.

I UNDERSTAND that if employed, I will be required to submit proof of age, citizenship, immigration status or other pertinent information.

I CERTIFY THAT I FILLED THIS APPLICATION OUT MYSELF, AND I UNDERSTAND EVERYTHING ON THIS APPLICATION.

*I understand and agree that all of the foregoing terms and conditions will become part of my employment agreement with **UnderWater World Guam USA & SeaTREK** if I am employed by the company.*

Signature & Date