HR use only
Date received: _____

Name: _____

EMPLOYMENT APPLICATION

LYNDON B. JOHNSON TROPICAL MEDICAL CENTER
Department of Human Resources
Pago Pago, AS 96799
Office: 684.633.1222 ext. 1720
Email: hr@lbjtmc.org

Please read the instructions carefully before filling in each section. If you need additional space, use Section 14 or attach an extra sheet of paper to the application. A complete application requires the following attached documents:

1. Copy of Birth Certificate or Passport
2. Valid Photo Identification
3. Copies of Educational Diploma(s), Degree(s), Certificate(s), and an Official Transcript
4. Copy of Immigration ID and Immigration Board hearing result
5. Resume (required)
6. Three Letters of Recommendation (optional)
7. Copy of Social Security Card.
8. **Covid-19 Vaccination Card.**

Incomplete applications will not be accepted.

LBJ provides Equal Employment Opportunities to all its applicants per EEOC law.

1. CONTACT INFORMATION

Last Name | First Name | MI | Gender

Date of Birth | Birthplace | Marital Status

Address | Phone # | Email

Citizenship | Ethnicity | SSN # (last 4 digits)

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2. JOB PREFERENCES:

First: _____

Second: _____

Third: _____

3. List any special qualifications and skills (for example, skills with tools, word processing, dictation machine or other equipment: _____

4.

Licenses and Certificates	State or Other Licensing Authority	Validation Date

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5. Do you have a valid driver's license? _____ Commercial driver's license? _____

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6. EDUCATION

a. Highest school grade completed: _____

Name and Location of College or University	Dates Attended		Years Completed	Attendance		Total Number of Credits	Years/Degree Earned
	From	To		Part Time	Full Time		

c. Principal Courses of Study: _____

d. Other schools or training (for example, trade, vocational, armed forces or business): Give name and location (city, state and zip code if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent information.

_____

_____

7. EXPERIENCE: Start with your PRESENT position and work back. Account for periods of unemployment in Section 14.

a.

Dates of employment (month, year) From: To:	Job title:
Present salary: $ per	Type of business/organization:
Number of employees supervised:	Contact Info. Tel: Email:
Name of immediate supervisor:	Reason for wanting to leave:
Employer:	Address:
Job Duties:	

b.

Dates of employment (month, year) From: To:	Job title:
Present salary: $ per	Type of business/organization:
Number of employees supervised:	Contact Info. Tel: Email:
Name of immediate supervisor:	Reason for wanting to leave:
Employer:	Address:
Job Duties:	

c.

Dates of employment (month, year) From: To:	Job title:
Present salary: $ per	Type of business/organization:
Number of employees supervised:	Contact Info. Tel: Email:
Name of immediate supervisor:	Reason for wanting to leave:
Employer:	Address:
Job Duties:	

8.

Languages Used	Spoken			Written		
Samoan	Excellent:	Fair:	Poor:	Excellent:	Fair:	Poor:
English	Excellent:	Fair:	Poor:	Excellent:	Fair:	Poor:
Other	Excellent:	Fair:	Poor:	Excellent:	Fair:	Poor:

9.

References:

Choose people who are personally acquainted with your capabilities and talents. Do not repeat names of supervisors listed inSection 7.

Full Name	Contact Information: Address/Tel/Fax/Email	Business/Occupation

10. Within the last five (5) years have you been fired from any job for any reason? If yes explain below. Yes_____No _____

11. Within the last five (5) years have you resigned from any job after having been notified that you would be suspended or fired? If yes explain below. Yes_____No_____

12. Have you ever been convicted of a crime or forfeited collateral, or are you now under charges for any for a crime other than minor traffic offenses? You may answer No if the conviction occurred before your 21st birthday. If yes explain below. Yes_____No _____

13. If you were a member of the military were you honorably discharged? If not explain below. Yes_____No _____

14. Space for detailed answers. Please indicate item number to which your answers apply.

Section No.	

15.

ATTENTION: After completing all questions, please sign and date. A false answer to any question may be grounds for non-employment or for discharge after employment. All statements are subject to investigation, including a check of police records and contacting former employers.

BY SIGNING BELOW I CERTIFY THAT ALL THE STATEMENTS MADE ON THIS APPLICATION ARE TURE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE LYNDON B. JOHNSON MEDICAL AUTHORITY, DEPARTMENT OF HUMAN RESOURCES, IS AUTHORIZED TO VERIFY MY CREDENTIALS AND PRIOR EMPLOYNMENT SET FORTH IN THIS APPLICATION.

_____ Date: _____

Applicant's Signature