



THE BALDYGA GROUP OF COMPANIES

SandCastle Guam, Globe, BIG Cruise, BIG Media, The Beach Restaurant & Bar, Tao Tao Tasi, Ride The Ducks Guam, Anemos Restaurant, Das Bier Garten

Thank you for your interest in joining Guam's finest group of companies and greatest team members.

APPLICATION FOR EMPLOYMENT

The Baldyga Group is an Equal Opportunity Employer. Our policy is to employ qualified individuals without regard to race, color, religion, sex, national origin, age, ancestry, disability, veteran's status, citizenship or any other classification protected under local or federal law.

GENERAL INFORMATION

Name (Last, First Middle)		Date of Application	
Mailing Address		City	State Zip Code
Home Phone	Mobile/Alternate Phone	Email Address	
Do you have the legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least eighteen (18) years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously employed by a Baldyga Group company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates and position	
Are you related to anyone employed by a Baldyga Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name and relationship	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have previous or related experience for the position for which you are applying?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:			
Have you ever been discharged or asked to resign from employment?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:			

EMPLOYMENT INTERESTS

I am willing to work for any group company. **OR** I prefer to work for the following company.
 SandCastle Guam Globe The Beach Bar Lina'La/Tao Tao Tasi BIG Cruise

Check here if you are willing to work in any available position. Otherwise, please indicate below those positions interested:

FOOD & BEVERAGE	FACILITIES	ADMINISTRATION	GUEST SERVICE	ENTERTAINMENT
<input type="checkbox"/> Barista	<input type="checkbox"/> Engineer	<input type="checkbox"/> Accounting	<input type="checkbox"/> Bus Guide	<input type="checkbox"/> Performer
<input type="checkbox"/> Bartender/Barback	<input type="checkbox"/> General Laborer	<input type="checkbox"/> Admin. Asst.	<input type="checkbox"/> Concierge	<input type="checkbox"/> Stage Performer
<input type="checkbox"/> Food Server	<input type="checkbox"/> Groundskeeper	<input type="checkbox"/> Cashier	<input type="checkbox"/> Hostess	<input type="checkbox"/> Stage Technician
<input type="checkbox"/> Cocktail Server	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Reservations	<input type="checkbox"/> Wardrobe Maint
<input type="checkbox"/> Cook/Baker	<input type="checkbox"/> Mechanic/Helper	<input type="checkbox"/> Purchasing/Inv.	<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Chamorro Cultural Guide, Actor, Performer
<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Nightclub Security	<input type="checkbox"/> Sales & Marketing	<input type="checkbox"/> Valet Driver	
<input type="checkbox"/> Dishwasher/Utility	<input type="checkbox"/> Security/Guard	<input type="checkbox"/> Management	<input type="checkbox"/> Boat Captain	

Please indicate your preferred position(s): _____

Job Classification:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
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AVAILABILITY

Days / Hours you can work	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Ssaturday
From:							
To:							

EDUCATION

Please complete this section fully. You may attach a resume but fill in the required information.

Type of School	Name and Address of School	# of Years Attended	Did You Graduate	Degree Received	Major
High School					
College					
Trade/Business/Graduate					

SPECIAL SKILLS

Driver's License #	Endorsements	Exp.	Computer Software Knowledge			
Industry Licenses / Certificates			Office Machine(s) You Can Operate			
<input type="checkbox"/> Health Certificate						
<input type="checkbox"/> Servsafe						
<input type="checkbox"/> ABC						
<input type="checkbox"/> TIPs			Indicate which languages you speak, read or write other than English			
Other Licenses / Certificates			Ability	Fair	Good	Fluent
Type		Exp.	Speak			
Type		Exp.	Read			
Type		Exp.	Write			

What other skills would you bring to the job you are applying for?

Why are you interested in a career in the hospitality industry?

What attracted you to apply at the Baldyga Group?

Why do you think you would make a good addition to our team?

PERSONAL REFERENCES

List two references who are not former employers and are not related to you.

Name & Address		Telephone		Occupation	Years Known
1		HM			
		WK			
2		HM			
		WK			

EMPLOYMENT HISTORY

Please list past and present employment, starting with your most recent employer.
You may also include volunteer work. Please account for periods of unemployment in between jobs.

[1] Employer		Address			
Type of Business		Name & Title of Immediate Supervisor		Telephone	
DATES EMPLOYED		SALARY		STATUS	
From	To	Starting	Final	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Position Title and Description of Duties					
Reason for Leaving					
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state reason		Your name then, if different	

[2] Employer		Address			
Type of Business		Name & Title of Immediate Supervisor		Telephone	
DATES EMPLOYED		SALARY		STATUS	
From	To	Starting	Final	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Position Title and Description of Duties					
Reason for Leaving					
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF no, state reason		Your name then, if different	

[3] Employer		Address			
Type of Business		Name & Title of Immediate Supervisor		Telephone	
DATES EMPLOYED		SALARY		STATUS	

From	To	Starting	Final	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Position Title and Description of Duties					
Reason for Leaving					
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, state reason	Your name then, if different	

APPLICANT CERTIFICATION

Please Read Carefully Before Signing

I hereby certify that all of the information contained in this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements or material omissions, whenever discovered, regarding this application or any accompanying resume, are grounds for refusal of employment, or if employed, dismissal from employment.

Your application will be retained in our active files for a period of no more than three (3) months. If you have not been employed by the Baldyga Group within this period of time, and you still desire to be considered for employment, it will be necessary to complete a new application form. I understand that if employed, my employment with the Baldyga Group is at will, which means I am free to resign at any time, with or without notice, and with or without cause and the Baldyga Group is free to terminate my employment at any time, with or without notice, and with/without cause.

It is further understood this "At Will" employment relationship may not be changed by any written document or by conduct in the event of employment. I also understand that I am required to abide by all rules and regulations of the employer in the event of employment.

I understand that I may be required to submit to a complete medical examination, including drug screening, as a condition of employment, and at any time during my employment, the cost of which will be paid by the Baldyga Group.

I authorize the Baldyga Group to make any investigation of my personal, education, financial or employment history and I authorize any employer and any other person, firm, corporation, institution or government agency to give the Baldyga Group any information they may have about me, verbally, in writing, or by facsimile transmission. In consideration of Baldyga Group review of my application for employment, I release the Baldyga Group and all providers of information from any liability as a result of furnishing or receiving this information.

I understand that this is only an application for employment, not a promise or guarantee the employment is currently available or the employment is being or will be offered to me. I certify that I have read and fully understand the foregoing statements and that I seek employment with the Baldyga Group under these conditions.

Name of Applicant (Print)	Signature of Applicant	Date
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FOR HR OFFICE USE ONLY

Position(s) Referred For	Department	Date	Selection	Date Non-Selection Notice Sent
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mail <input type="checkbox"/> Phone

SELECTION

Starting Date	Starting Pay	Employment Category			Remarks
		<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Casual	

APPROVAL

Human Resources	Date	Department Manager	Date	Other	Date