



## EMPLOYMENT INFORMATION

Position/Occupation Title:		<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time	Type of business: (i.e. pet store, café, etc.)	
Name of company/organization:					
Physical address:					
Provide a full list of duties performed by the employee: <i>(attach another sheet if necessary)</i>					
Name of HR representative:		Name of immediate supervisor:		Employer contact number(s):	
Start Date: (MM/DD/YYYY)		End Date: (if temporary hire) (MM/DD/YYYY)		<input type="checkbox"/> Local Hire	<input type="checkbox"/> Contract Hire
				<input type="checkbox"/> Temporary Hire	
Start time:	End time:	Meal period start time:	Meal period end time:	Hours worked per day:	
Compensation Cycle: <i>(How often will the employee be paid?)</i>					
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Daily	
Hourly Rate:	Compensation/Payment Type: <i>(How did you receive your payment for hours worked)</i>				
\$	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Other:	
By signing this document, I understand that as a representative of the hiring company, we must follow all rules and regulations outlined in <b>Title 19, Guam Code Annotated, Child Labor Law and Wage and Hour Commissioner's Regulation.</b>					
_____		_____		_____	
PRINT Employers Name & Job Title		Signature		Date	

## FOR WAGE AND HOUR OFFICIAL ONLY

<b>Documents submitted for verification of date of birth.</b>		
Date of birth: (MM/DD/YYYY)	Place of birth: (Village/City, State, Country)	Document Type & Number
Verified and Recommended by:		Employment Certificate No.:
Comments:		