



JUDITH T. WON PAT, Ed.D.
Acting Superintendent of Education

DEPARTMENT OF EDUCATION HUMAN RESOURCES DIVISION

501 Mariner Avenue
Barrigada, Guam 96913
www.gdoe.net



KATHERINE M.P. ADA
Personnel Services Administrator

EMPLOYEE INFORMATION SHEET

Name of Employee: _____
Last First Middle Suffix

Employee ID Number: _____

Mailing Address: _____
Address City State Zip Code

The information above is considered directory in nature and not subject to prior consent before release.

The information below is confidential and solely for the use of the DEPARTMENT OF EDUCATION and will not be released except upon the expressed written consent of the employee.

RESIDENTIAL (HOME) ADDRESS IF DIFFERENT FROM MAILING ADDRESS:

Address City State Zip Code

Complete employee information sheet using the codes provided on the left hand column, where applicable:

Social Security Number: _____/_____/_____ Date of Birth: _____/_____/_____

Veteran: _____

No = Not a Veteran
VET = Veteran
PER = Persian Gulf Vet.
KOR = Korean War Vet.
VIET = Vietnam War Vet.
WWII = WWII Veteran

TWO % EMPLOYMENT PROGRAM

*This is a GovGuam Program for
Persons with Disabilities

☐ Yes
☐ No

Are you an Active Member of the
Armed Forces or Reserve Component?

☐ Yes Branch: _____
☐ No

Ethnic Group: _____

A - Asian/Pacific Islander
B - African American
C - Chamorro
D - Chinese
F - Filipino
G - Palauan
H - Hispanic
I - American Indian/
Alaskan Native
J - Japanese
K - Korean
M - Marshallese
N - Not Listed
P - Phonepian
S - Carolinian
T - Chuukese
V - Vietnamese
W - Caucasian
O - Other: Specify: _____

U.S Citizen: ☐ Yes ☐ No

Sex: ☐ Female ☐ Male

Employment History with DOE: _____
1. First Employment with DOE
2. Former DOE Employee

Home Phone: _____
Cell Phone: _____

Other Name (e.g. Maiden Name):

Marital Status:

☐ Single
☐ Married
☐ Divorced
☐ Separated
☐ I prefer not to disclose

Person with a Disability: ☐ Yes ☐ No

OPTIONAL: If you are a person with a disability, please indicate the appropriate code. _____

H - Hearing Impairment	L - Learning Impairment
PH - Physical Impairment	SP - Speech Impairment
MP - Mental/Psychological Impairment	VP - Visual Impairment