

GUAM MEMORIAL HOSPITAL AUTHORITY  
Human Resources Department

PERSONAL IDENTIFICATION AND EMERGENCY INFORMATION

POSITION TITLE: \_\_\_\_\_ POSITION NO: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYMENT STATUS: [ ] FT or [ ] PT

NAME: \_\_\_\_\_ MAIDEN NAME (If any): \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX (circle one): MALE FEMALE

MARITAL STATUS (circle one): M=Married D=Divorced W=Widow S=Single L=Legally Separated

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_ CITIZENSHIP STATUS: [ ] U.S. [ ] Alien [ ] Permanent Resident  
[ ] FSM [ ] Marshall Island

ETHNIC CH=Chamorro JE=Japanese WH=Caucasian FO=Filipino HI=Hispanic

GROUP (circle one): MN=Micronesian BL=African American CE=Chinese KN=Korean VE=Vietnamese

M=Northern Marianas O=Other \_\_\_\_\_(specify)

OTHER THAN ENGLISH, LIST LANGUAGE(S) YOU SPEAK/WRITE: ARE YOU INTERESTED IN BEING AN INTERPRETER?

[ ] YES [ ] NO

\_\_\_\_\_ [ ] SPEAK [ ] WRITE

\_\_\_\_\_ [ ] SPEAK [ ] WRITE

\_\_\_\_\_ [ ] SPEAK [ ] WRITE

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_ WORK PHONE NO: \_\_\_\_\_

EMERGENCY CONTACT PERSON & RELATIONSHIP: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ WORK NO: \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE/DATE