



Office of the Governor of Guam

P.O. Box 2950 Hagåtña, GU 96932
Tel: (671) 472-8931 • Fax: (671) 477-4826 • Email: governor@guam.gov

Felix P. Camacho
Governor

Michael W. Cruz, M.D.
Lieutenant Governor

AUG 04 2010

2010 AUG -5 AM 10:03
FAMM

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina' Trenta Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guam 96910

Dear Speaker Won Pat:

By virtue of the authority vested in me pursuant to the Organic Act of Guam and the local laws applicable to the following position, I am pleased to transmit the following appointment and supporting documents for:

APPOINTEE:	Roland Meno Selvidge
POSITION:	Member, Guam Housing & Urban Renewal Authority Board
TERM LENGTH:	One (1) Year

The appointment is subject to the advice and consent of *I Liheslaturan Guåhan*. Please schedule a hearing at your earliest convenience.

Sinseru yan Magåhet,

FELIX P. CAMACHO
I Maga' låhen Guåhan
Governor of Guam

Enclosure

30-10-0682
 Office of the Speaker
 Judith T. Won Pat, Ed. D.
 Date: 8/4/10
 Time: 4:30
 Received by: [Signature]



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AUG 04 2010

Roland M. Selvidge
P.O. Box 4366
Hagåtña, GU 96932

Dear Mr. Selvidge:

Thank you for your willingness to contribute your time, expertise, and energies towards helping the people of Guam. As you know, the Camacho-Cruz Administration is facing unprecedented challenges, both near and long-term. The task ahead of us will require the collective efforts of the best minds who will have the courage to make the tough decisions for the good of all our people. You have been recognized to possess the qualifications and character that support our philosophy, in general, and our vision for the specified agency, in particular. I hereby appoint you to serve in the Camacho-Cruz Administration in the capacity of:

Member, Guam Housing & Urban Renewal Authority Board

This appointment is effective today and is subject to the advice and consent of *I Liheslaturan Guåhan*. Please contact the Governor's Office at 472-8931~6 for further processing your acceptance.

Sinseru yan Magåhet,

FELIX P. CAMACHO
I Maga' låhen Guahan
Governor of Guam



OFFICE OF THE GOVERNOR
GUAHAN

AFFIDAVIT

I, **ROLAND M. SELVIDGE**, being first duly sworn, deposes and sayeths:

1. That I have read and reviewed the information contained in the attached Nomination Letter from the Governor of Guahan.

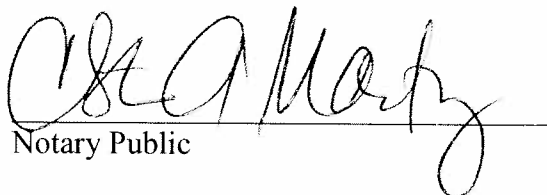
2. That the matters contained in the Nomination Letter and all attachments thereto are true and correct.

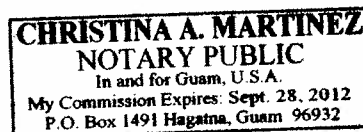
3. That this affidavit is made for the purpose of complying with the requirements of 4 GCA §2103.5.

I declare under penalty of perjury that the foregoing is, to the best of my knowledge, true and correct.


ROLAND M. SELVIDGE

SUBSCRIBED AND SWORN TO before me this 4th day of AUGUST,
2010.


Notary Public





Appointment application

TODAY'S DATE:

POSITION APPLYING FOR:

- Director
- Deputy Director
- Boards/Commission
- Other _____

AGENCY/DEPARTMENT/BOARDS/COMMISSION DESIRED: List top 3 choices.

1. GHURA

2.

3.

Would you consider any other positions than listed above? YES NO

GENERAL INFORMATION

NAME: ROLAND MENO SELVIDGE

MAILING ADDRESS: P.O. Box 4366

CITY HAGATNA STATE GU ZIP 96932

HOME PHONE: 472-0009 WORK PHONE: 649-8084 CELL/PAGER: 987-6925

SOCIAL SECURITY NUMBER: [REDACTED]

LICENSES: TYPE EXPIRATION DATE

1228055484 GUAM DRIVER 8-4-12

BACKGROUND INFORMATION

List your prior Government of Guam Appointments and dates of service:

Government of Guam Appointment Dates of Service

NONE N/A

Cont'd.

List all prior other government service excluding Government of Guam:

Other Government Appointment	Dates of Service
<u>NONE</u>	<u>NA</u>

REFERENCES

List three (3) character and family references (name, address, & telephone number):

NAME	ADDRESS	PHONE
1. <u>Ed BITANGA</u>	<u>645 UPPER TUMOR</u>	<u>888-5942</u>
2. <u>JESSE L. G. PEREZ</u>	<u>HC-2 BX 17056 INA</u>	<u>829-8210</u>
3. <u>FRANKLIN M. TRITANE</u>	<u>INA RAJAN MAYOR</u>	<u>475-2509</u>

EDUCATION

Education (Circle highest grade completed & degree)

High School: 9 10 11 12 College: 1 2 3 4 AA BA BS Post-Grad: MBA JA MA MS PhD

Location: Soumi School Attended: Soumi College School Attended: _____
COLLEGE Location: Hancock, MI Location: _____
Concentration: POLICE SCI Concentration: _____
Degree: A.A. Degree: _____
Attended From: 69 to 71 Attended From: _____ to _____

Other Degrees or Certificates:

TRAINING

CERTIFIED INSTRUCTOR (CPR-AED-FA) RED CROSS
EMERGENCY SERVICES (DISASTER) INST. RED CROSS
UNIV. OF TEXAS POLICE ACADEMY GRADUATE
FBI SERVICE TRAINING GRADUATE
HUMAN RESOURCES RISK MANAGEMENT

Cont'd.

Include professional institutes, seminars, and on-the-job training attended with date:

INSTITUTE/SEMINARS/ON-THE-JOB	DATE
RED CROSS - DISASTER SUPERVISION INSTITUTE	3/2010
GUAM HOMELAND CIVIL DEFENSE	5/2010
NOAA CYCLONE PREPAREDNESS	5/2010
CRISIS PREVENTION INTERVENTION	2/2006
MAQUIME SECURITY	3/2006

AWARDS

List all educational, professional, civic awards, & recognition for public service:

ASSOCIATION FOR CHILDHOOD EDUCATION INTERNATIONAL
UOG MEMBER COMMENCEMENT COMMITTEE
ENAFIA MAOLEK - ALTERNATIVE DISPUTE RESOLUTION
MEDIATION

PROFESSIONAL INVOLVEMENT

List involvement on a local/national/international level, list organizations, activities participated in, offices held:

FAMILY THERAPY/PLAY THERAPY INSTITUTE - CERTIFIED
UOG PLAY THERAPY E.I.
CITY OF CHINA VISTA LITERACY TUTOR PROGRAM
TACTICAL COMMUNICATION ST. VINCENT DE PAUL
U.S. DEPT. OF JUSTICE (PSI) COMPREHENSIVE INTEGRATED EVOLUTIVE

COMMUNITY/CIVIC INVOLVEMENT

List organizations, activities participated in, offices held:

FOUNDER - MITY PTS (MERIZO, INA, TAL, YOND) PTA
PAST PRESIDENT GUAM P.T.A. CONGRESS
PAST PRESIDENT J.Q SAN MIGUEL P.T.A.

PUBLICATIONS & PRESENTATIONS

Cont'd.

List published articles, papers delivered at professional meetings:
N/A

MILITARY SERVICE

List type of discharge, branch, rank at discharge, current status, record of any court marshals or non-judicial punishment under the Uniform Code of Military Justice, & special distinctions & honors. Please attach copy of DD214.
NONE

EMPLOYMENT HISTORY

EMPLOYMENT EXPERIENCE: Please begin with your present or last positions you have held for the past ten years. Account for all periods of employment including military service, volunteer work, self employment and periods of unemployment in separate blocks. Use separate blocks if your duties and responsibilities changed while working for the same employer. For volunteer work, write the word "Volunteer" in the salary section for that block. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and kinds of employees you supervised. If more space is needed, please use supplemental form attached. Your answers may be verified with former employers.

1	Employer: <u>PACIFIC ISLAND SECURITY</u>	From: <u>10-07</u>	To: <u>PRESENT</u>
Address: <u>P.O. BX 21412 GMP</u>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	
City: <u>BARRODIA</u>	State: <u>GU</u>	Zip: <u>96921</u>	Average hours worked per week: <u>40</u>
Name of Supervisor: <u>B. KALLINGAL</u>		Starting Salary: <u>650⁰⁰</u> per	
Your Title: <u>GENERAL MANAGER</u>		Ending Salary: <u>650⁰⁰</u> per	
Duties & Responsibilities: <u>OVERALL</u>		<input checked="" type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other	
<u>OPERATIONS OF SECURITY AGENCY</u>			
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO		Reason(s) for Leaving:	
What did you NOT like about your job? <u>N/A</u>			
2	Employer: <u>RED CROSS</u>	From: <u>1/20/0</u>	To: <u>6/30/0</u>
Address: <u>HAGATMA GU</u>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	

Cont'd.

City: <u>HAGATNA</u> State <u>GU</u> Zip <u>96932</u>		Average hours worked per week: <u>40</u>	
Name of Supervisor: <u>S. RAMIRO</u>		Starting Salary: <u>30,000.00</u> per	
Your Title: <u>DIRECTOR EMERGENCY</u>		Ending Salary: <u>30,000.00</u> per	
Duties & Responsibilities: <u>SERVICES</u>		<input checked="" type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other	
<u>COORDINATE AND RESPOND TO ALL LEVELS OF DISASTER</u>			
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO		Reason(s) for Leaving:	
What did you NOT like about your job? <u>N/A</u>		<u>PERSONAL</u>	
3 Employer: <u>G4S</u>		From: <u>6/2006</u> To: <u>10/07</u>	
Address: <u>UPPER TUMON</u>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	
City: <u>TUMON</u> State <u>GU</u> Zip <u>96932</u>		Average hours worked per week: <u>40</u>	
Name of Supervisor:		Starting Salary: <u>2,000.00</u> per <u>BI WKLY</u>	
Your Title: <u>SAFETY-SECURITY CONSULTANT</u>		Ending Salary: <u>3,000.00</u> per	
Duties & Responsibilities:		<input checked="" type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other	
<u>DEVELOP SAFETY AND SECURITY RESPONSE AND PROTOCOLS</u>			
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO		Reason(s) for Leaving:	
What did you NOT like about your job? <u>N/A</u>		<u>RESIGNED</u>	
4 Employer: <u>PACIFIC SECURITY ALARM</u>		From: <u>8/2004</u> To: <u>6/2006</u>	
Address: <u>UPPER TUMON</u>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	
City: <u>TUMON</u> State <u>GU</u> Zip <u>96932</u>		Average hours worked per week: <u>40</u>	

Cont'd.

Name of Supervisor: ED BITANGA	Starting Salary: 2,000.00 per BI WK
Your Title: SAFETY-SECURITY CONSULTANT	Ending Salary: 3,000.00 per DI WK
Duties & Responsibilities:	<input checked="" type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
DEVELOP LIASON WITH GOUGUAM CONTRACTS AND COMPANY	
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:
What did you NOT like about your job? N/A	COMPANY SOLD

5 Employer:	From: _____ To: _____
Address:	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
City: _____ State _____ Zip _____	Average hours worked per week:
Name of Supervisor:	Starting Salary: _____ per _____
Your Title:	Ending Salary: _____ per _____
Duties & Responsibilities:	<input checked="" type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:
What did you NOT like about your job?	

Explain any periods of unemployment longer than thirty days: EBB MARKET MAKES IT DIFFICULT TO FIND EMPLOYMENT IN MY RELATED FIELD

MANAGEMENT EXPERIENCE

A Have you ever managed a Business, Department or an entire organization? YES NO
 If YES, did you report to a Board of Directors? YES NO
 If your answer is NO, please select the management position/title you held:
 Lead Administrator Deputy Director
 Supervisor Superintendent ~~Assistant~~ General Manager
 Manager Director (under a GM/CEO, President) Vice President

B Number of years of service in the highest ranking management position you have held. (Please check one of the following)
 under 1 year 9+ - 15 years
 1+ - 3 years 15+ - 20 years
 3+ - 5 years 20+ and up
 5+ - 9 years

C Sector of Organization you served with the most years. GOVERNMENT: Local Federal
 PRIVATE
 OTHER: _____

SUPERVISORY

Cont'd.

A	Total number of employees in the organization/department you have managed: <input type="radio"/> 50 and under <input checked="" type="radio"/> 101 – 250 <input type="radio"/> 501 and up <input type="radio"/> 51 – 100 <input type="radio"/> 251 – 500
	Average number of staff who reported directly to you: <input type="radio"/> Under 25 <input type="radio"/> 201 – 300 <input type="radio"/> 501 and up <input checked="" type="radio"/> 26 – 50 <input type="radio"/> 301 – 400 <input type="radio"/> 51 – 200 <input type="radio"/> 401 – 500
	Are you knowledgeable of the local and federal labor laws? <input checked="" type="radio"/> YES <input type="radio"/> NO
PERFORMANCE RATING	
A	Was the organization/department you managed "profitable" or did your organization perform as formally planned? <input checked="" type="radio"/> YES <input type="radio"/> NO
	Variance from projected income: <input type="radio"/> Below plan <input type="radio"/> Met plan <input checked="" type="radio"/> Above plan
	Variance from projected expenses: <input type="radio"/> Below plan <input checked="" type="radio"/> Met plan <input type="radio"/> Above plan
OTHER ABILITIES	
A	Have you ever participated in a strategic planning process? <input checked="" type="radio"/> YES <input type="radio"/> NO
	If YES, please select one of the following to describe your participation. <input checked="" type="radio"/> Facilitated <input type="radio"/> Directed <input checked="" type="radio"/> Implemented
	Do you have any experience with: Restructuring an organization <input checked="" type="radio"/> YES <input type="radio"/> NO Process Improvement <input checked="" type="radio"/> YES <input type="radio"/> NO Re-engineering <input checked="" type="radio"/> YES <input type="radio"/> NO Total Quality Management <input checked="" type="radio"/> YES <input type="radio"/> NO
	Have you ever participated in formal negotiations with another organization? <input checked="" type="radio"/> YES <input type="radio"/> NO
	If YES, check the boxes describing your role: <input checked="" type="checkbox"/> Observer <input type="checkbox"/> Assistant <input type="checkbox"/> Chief Negotiator <input checked="" type="checkbox"/> Advisor/Consultant
	Have you been involved in policy making process? <input checked="" type="radio"/> YES <input type="radio"/> NO
	If YES, please check the boxes which best describes your role: <input checked="" type="checkbox"/> Management <input type="checkbox"/> Board and/or Commission <input type="checkbox"/> Legislation (includes lobbying process)
TECHNOLOGY	
A	Have you been involved in promoting the use of Technology in your organization? <input checked="" type="radio"/> YES <input type="radio"/> NO
	Please select all items which describes your involvement: <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Planning <input type="checkbox"/> Design <input checked="" type="checkbox"/> Coordination <input checked="" type="checkbox"/> Implementation
GRANTS	
	Have you been involved in applying, administering, awarding Grants? <input checked="" type="radio"/> YES <input type="radio"/> NO

Cont'd.

Please check the boxes which best describes your involvement:

<input type="checkbox"/> Aide	<input type="checkbox"/> Administrator
<input type="checkbox"/> Researchers	<input checked="" type="checkbox"/> Reviewer
<input type="checkbox"/> Writer	<input type="checkbox"/> Funder

SKILLS

Indicate appropriate letter for your skill level:
C=Course only F-Fair **G-Good** E= Excellent

Windows Software:	Skill Level (C-F-G-E)	Version	Skill Level (C-F-G-E)	Version
MS Word	None	_____	WordPerfect	None
Excel	None	_____	Presentation	None
PowerPoint	None	_____	Quattro Pro	None
			Lotus	None

GENERAL

Summarize and explain any experience and/or skills which you feel would be beneficial to employers: Explain:

*I AM TRAINED IN TQM/TQM PROCESS IMPROVEMENT
HAVE EMPLOYER THINK OUTSIDE THE BOX*

Of the jobs you have held, which did you like best? Why?

ALL DUE TO EACH UNIQUE ORGANIZATION

What do you feel are your outstanding strengths?

*OPEN MINDED - EMPATHY - CULTURAL & ETHNIC
SENSITIVITY. TOLERANCE*

What do you feel are your primary weaknesses?

NONE IDENTIFIED

What gives you the most satisfaction in your work?

DOING THE BEST JOB I CAN.

What is your concept of success?

*KNOWING I DID MY JOB TO
THE BEST OF MY ABILITY.*

Cont'd.

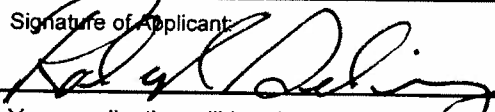
Please write any additional information that you would like us to know about you (e.g. hobbies)

IT IS AN HONOR JUST TO BE CONSIDERED
FOR THE POSITION.

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission is sufficient to disqualify me for employment or may result in a discharge if employed. I authorize my former employers, schools, government agencies and other entities to give any information (including fact or opinion) they may have regarding me, whether or not it is on their record. I hereby release them and the company from all liabilities as a result of furnishing and receiving this information. I understand that any offer of employment is subject to satisfactory references. I understand and agree that I may be required to submit to pre-employment drug test and post-offer medical examination as part of my application for employment with the offer of employment conditioned on the result of such test and examination. I also understand and agree that at any time during my employment, I may be required to submit to a drug test and/or a medical examination. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the organization I am applying to. If employed, I agree to abide by my employer's policies and recognize that this application is not intended in any way to create an employment contract.

Signature of Applicant:



Date:

7/27/10

Your application will be placed in our active application files for twelve months. If you are not employed within six months but still wish to be considered for a specific opening, please contact the Governor's Office to inform us of the specific opening for which you wish to be considered.

Cont'd.



STATEMENT OF FINANCIAL INTERESTS

TO: Camacho/Cruz Transition Office
P.O. Box 2950
Hagåtña, Guam 96932

FROM:

ROLAND MENO SELVIDGE

Social Security #: _____

- I have no financial interest in any business.
 I do have interest(s) in the following business(es).

Name/Address of Business Interest	Type/Amount of Interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Roland Selvidge
Signature (sign in ink)

7,271.10

Cont'd.



STATEMENT OF TAX LIABILITIES

TO: Camacho/Cruz Transition Office
P.O. Box 2950
Hagåtña, Guam 96932

FROM: ROLAND MENO SELVIDGE

Social Security #: [REDACTED]

- I have no delinquent or past due tax liabilities.
- I do have delinquent or past due liabilities as follows.

Name/Address of Business Interest

Type/Amount of Interest

[Signature]
Signature (sign in ink)

7,127/0

Cont'd.

Submit



SUPERIOR COURT OF GUAM

Guam Judicial Center • 120 West O'Brien Drive • Hagåtña, Guam 96910

Telephone (671) 475-3370
Fax (671) 477-1500

RICHARD B. MARTINEZ
Clerk of Courts

Name: ROLAND M. SELVIDGE

SS#: ID# GUAM DL# 1228055484 Date of Birth: 08/04/49

CERTIFICATE OF SEARCH

The undersigned Clerk hereby certifies the following results of a diligent search of the records of this Court:

Criminal Cases:

Civil Cases:

A. No Case Found.

A. No Case Found

B. 1. Criminal Case No.

B. 1. Civil Case No.

2. Criminal Case No.

2. Civil Case No.

3. Criminal Case No.

3. Civil Case No.

4. Criminal Case No.

4. Civil Case No.

5. Criminal Case No.

5. Civil Case No.

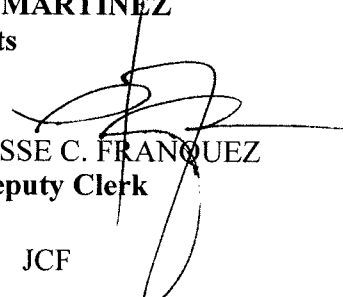
Criminal Record: Page 1 of 1

Civil Record: Page of

Request for further information may be addressed at the Records Division of the Superior Court of Guam, Guam Judicial Center, 120 West O'Brien Drive, Hagåtña, Guam. Hours of operation are Monday - Friday, 8:30 a.m. to 6:00 p.m. Closed Saturday, Sunday and local/federal holidays. Court Clearances are Non-Refundable.

Dated: 01/05/2010

RICHARD B. MARTINEZ
Clerk of Courts

BY: 
JESSE C. FRANQUEZ
Deputy Clerk

Prepared By: JCF



The absence of an original Court Seal invalidates this document.



**Government of Guam
 GUAM POLICE DEPARTMENT
 RECORDS & IDENTIFICATION SECTION
 P.O. Box 23909
 Guam Main Facility, Guam 96921**



January 5, 2010

**SUBJECT: CRIMINAL HISTORY RECORD
 (RECORD OF ARREST/POLICE CLEARANCE)**

NAME:	Roland M. SELVIDGE		
DATE OF BIRTH:	08/04/49	FINGERPRINT #:	NONE
■	The individual has no record of arrest(s) in GPD files that are subject to Guam law and rules and regulations of the Department.		

*****NOTHING FOLLOWS*****

THIS INFORMATION MAY BE LIMITED TO A LOCAL CRIMINAL OFFENSE ONLY AND IS NOT INTENDED FOR USE FOR ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY. THIS CLEARANCE DOES NOT REFLECT ARREST(S) PENDING ADJUDICATION

The absence of an original GUAM POLICE seal invalidates this police clearance.

By Direction: angela

**PAUL R. SUBA
 CHIEF OF POLICE**