



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

32-13-69
Office of the Speaker
Judith T. Won Pat, Ed. D.

Date 1/31/13
Time 2:00 P.M.
Received by J.S. TEDIKOTHO

JAN 31 2013

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Dos 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: **Raymond Frankie Yamanaka Blas**
POSITION: **Director, Parks and Recreation**

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

Senseramente,


EDDIE BAZA CALVO

Enclosure

0069

2013 JAN 31 PM 2:58


EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

January 7, 2013

Mr. Ray Blas Sr.
VIA HAND DELIVERY

Dear Mr. Blas:

Thank you for your commitment to serve the people of Guam. The Calvo Tenorio 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 tough decisions for the good of all our people. I hereby appoint you to serve in the Calvo Tenorio administration as:

Director, Department of Parks and Recreation

This appointment is effective January 7, 2013. Please contact the Office of the Governor at 472-8931 for further processing.

Senseramente,

A handwritten signature in black ink, appearing to read "Eddie Baza Calvo", written over a white background.

EDDIE BAZA CALVO

Gov
Lt Gov
CDS
Loye



Eddie Baza Calvo
Governor

Ray Tenorio
Lt. Governor

Department of Parks and Recreation

Government of Guam
490 Chalan Palasyo
Agana Heights, Guam 96910
Director's Office: (671) 475-6296/7
Facsimile: (671) 477-0997
Parks Division: (671) 475-6288/9
Guam Historic Resources Division: (671) 475-6295/6270



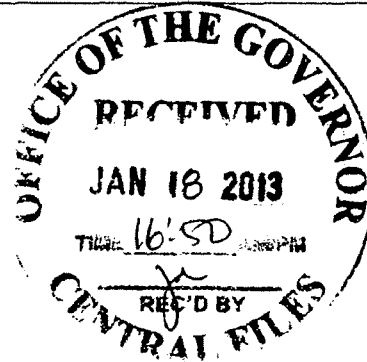
Raymond F.Y. Blas
Acting Director

MEMORANDUM

To: Edward Baza Calvo
Governor of Guam

From: DPR Commission Chairman

Subject: Nomination of Appoinment



Buenas yan Hafa Adai! During the DPR Commission meeting on Friday January 18, 2013, the Commission members unanimously voted in favor of the appointment of Mr. Raymond F.Y. Blas as the Acting Director for Department of Parks and Recreation.

Should you have any questions, please free to contact me at 477-9341.

RAMON TOPASNA



OFFICE OF THE GOVERNOR
GUAM

The following is information required for submission to the Speaker of *I Liheslaturan Guåhan* in accordance with 4 G.C.A. § 2103.5 of the Guam Code Annotated.

1. Citizenship: U.S.

2. DOB: [REDACTED] Age: 60

3. Residential Address (NOT mailing address):

[REDACTED]

4. Email Address: thedamnbest@gmail.com

5. Have you ever been convicted of a crime? Yes No

If yes, please explain:

N/A

6. Have you ever been declared mentally incompetent by any court? Yes No

N/A

7. Have you ever been found **not** guilty or **not** punishable in any criminal proceedings by reason of insanity? Yes No

If yes, please explain:

N/A

8. Have you ever been confined to a mental institution? Yes No

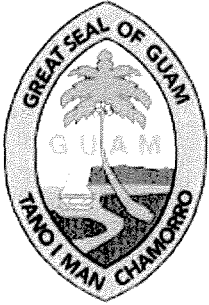
If yes, please explain:

N/A

Roy L. Bla
SIGNATURE

January 7, 2013

DATE



Appointment application

TODAY'S DATE: _____

POSITION APPLYING FOR:

Director
 Deputy Director
 Boards/Commission
 Other _____

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

1. The Department of Parks and Recreation

2. _____

3. _____

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

GENERAL INFORMATION

NAME:

Raymond Frankie Yamanaka Blas

MAILING ADDRESS:

[REDACTED ADDRESS]

CITY _____ **STATE** _____ **ZIP** _____

[REDACTED CITY, STATE, ZIP]

HOME PHONE: _____ **WORK PHONE:** _____ **CELL/PAGER:** _____

[REDACTED HOME PHONE]

SOCIAL SECURITY NUMBER: _____

LICENSES: _____ **TYPE** _____ **EXPIRATION DATE** _____

Guam Drivers License _____ 11/16/13

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

BACKGROUND INFORMATION

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

Government of Guam Appointment _____ Dates of Service _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

_____	_____
_____	_____
_____	_____
_____	_____

REFERENCES

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

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

EDUCATION

Education (Circle highest grade completed & degree)

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

Location: <u>FDMS</u>	School Attended: <u>UOG</u>	School Attended: _____
	Location: <u>Mangilao</u>	Location: _____
	Concentration: _____	Concentration: _____
	Degree: _____	Degree: _____
	Attended From: <u>1970</u> to <u>1973</u>	Attended From: _____ to _____

Other Degrees or Certificates:

TRAINING

Attached

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

INSTITUTE/SEMINARS/ON-THE-JOB

DATE

INSTITUTE/SEMINARS/ON-THE-JOB	DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AWARDS

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

PROFESSIONAL INVOLVEMENT

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

COMMUNITY/CIVIC INVOLVEMENT

List organizations, activities participated in, offices held:

PUBLICATIONS & PRESENTATIONS

List published articles, papers delivered at professional meetings:

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.

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.

Employer:	From: _____ To: _____
Address:	<input 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 type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<hr/> <hr/> <hr/> <hr/>	
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?	
Employer:	From: _____ To: _____
Address:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time

Cont'd.

City:	State	Zip	Average hours worked per week:
Name of Supervisor:			Starting Salary: _____ per
Your Title:			Ending Salary: _____ per
Duties & Responsibilities:			<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
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?			
} Employer:			From: _____ To: _____
Address:			<input 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 type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
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?			
4 Employer:			From: _____ To: _____
Address:			<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City:	State	Zip	Average hours worked per week:

Cont'd.

Name of Supervisor:	Starting Salary: _____ per
Your Title:	Ending Salary: _____ per
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
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?	

5 Employer:	From: _____ To: _____
Address:	<input 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 type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
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?	

A	Total number of employees in the organization/department you have managed:		
	<input type="radio"/> 50 and under	<input type="radio"/> 101 – 250	<input type="radio"/> 501 and up
	<input type="radio"/> 51 – 100	<input checked="" type="radio"/> 251 – 500	
Average number of staff who reported directly to you:			
		<input checked="" type="radio"/> Under 25	<input type="radio"/> 201 – 300
		<input 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 type="radio"/> Met plan <input checked="" 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 type="radio"/> Facilitated <input checked="" type="radio"/> Directed <input 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 type="checkbox"/> Observer <input checked="" type="checkbox"/> Assistant <input type="checkbox"/> Chief Negotiator <input 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 type="checkbox"/> Development <input type="checkbox"/> Planning <input type="checkbox"/> Design <input checked="" type="checkbox"/> Coordination <input type="checkbox"/> Implementation		

GRANTS

	Have you been involved in applying, administering, awarding Grants? <input checked="" type="radio"/> YES <input type="radio"/> NO
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Please check the boxes which best describes your involvement:

<input type="checkbox"/> Aide	<input checked="" type="checkbox"/> Administrator
<input type="checkbox"/> Researchers	<input 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:

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

What do you feel are your outstanding strengths?

What do you feel are your primary weaknesses?

What gives you the most satisfaction in your work?

What is your concept of success?

Cont'd.

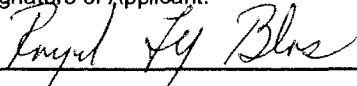
Please write any additional information that you would like us to know about you (e.g. hobbies)

Enjoys golfing, professional football and social events. Possess excellent people and team skills. In excellent health.

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:

January 7, 2013

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.



STATEMENT OF FINANCIAL INTERESTS

TO: Governor Eddie Baza Calvo
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM: Raymond Frankie Yamanaka Blas

Social Security #: [REDACTED]

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

Name and address of business interest:	Type and amount of interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Raymond Fy Blas
Signature (sign in ink)

01 / 07 / 2013
Date



SUPPLEMENTAL Appointment Application

Employer:

Duties & Responsibilities:

Lined area for entering duties and responsibilities.

Cont'd.

Submit



OFFICE OF THE GOVERNOR
GUAM

AFFIDAVIT

I, **RAYMOND F.Y. BLAS**, 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 Guam.
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.

Raymond F.Y. Blas

RAYMOND F.Y. BLAS

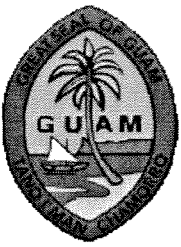
SUBSCRIBED AND SWORN TO before me this 8th day of January 2013,
2013.

[Signature]

Notary Public



THOMAS VICTOR TANAKA, JR.
NOTARY PUBLIC
In and For Guam U.S.A
My Commission Expires: October 03, 2015
P. O. Box 11412 Tamuning, Guam, 96931



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



January 15, 2013

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Raymond Frankie BLAS		
DATE OF BIRTH:	██████████	FINGERPRINT #:	40-657
■	The individual has no record of conviction(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.
 revised 07/12/11

By Direction: priscilla

**FRED E. BORDALLO, JR.
 Chief of Police**



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: **RAYMOND F. BLAS**

SS#: ID# GUAM DL#: [REDACTED] Date of Birth: [REDACTED]

CERTIFICATE OF SEARCH

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

Criminal Cases:

- A. No Case Found.
- B. 1. Criminal Case No.
- 2. Criminal Case No.
- 3. Criminal Case No.
- 4. Criminal Case No.
- 5. Criminal Case No.

Criminal Record: Page of

Civil Cases:

- A. No Case Found
- B. 1. Civil Case No.
- 2. Civil Case No.
- 3. Civil Case No.
- 4. Civil Case No.
- 5. Civil Case No.

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, Hagatna, Guam. Hours of operation are Monday – Friday, 8:00 a.m. to 5:00 p.m. Closed Saturday, Sunday and local/federal holidays. Court Clearances are Non-Refundable.

Dated: 01/08/2013

RICHARD B. MARTINEZ
Clerk of Courts

BY: *[Signature]*
EDNA M NEGO
Deputy Clerk

Prepared By: DMN



The absence of an original Court Seal invalidates this document