

EDDIE BAZA CALVO  
Governor



RAY TENORIO  
Lieutenant Governor  
2013 FEB 13 PM 2:00

*Office of the Governor of Guam*

FEB 13 2013

32-13-119

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

Office of the Speaker  
Judith T. Won Pat, Ed. D.  
Date 2/13/13  
Time 1:35 PM  
Received by J. S. TEBOTA O

RE: Commission Appointment

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: **Glenn A. Meno**  
POSITION: **Member, Guam Housing Corporation**  
TERM LENGTH: **Six (6) years**

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

*Senseramente,*

  
EDDIE BAZA CALVO

Enclosure

0119



**EDDIE BAZA CALVO**  
Governor

**RAY TENORIO**  
Lieutenant Governor

*Office of the Governor of Guam*

Mr. Glenn Meno  
P.O.Box 2005  
Hagatna, Guam 96932

JAN 25 2013

Dear Mr. Meno:

On May 31, 2006, you were previously appointed to serve on the Guam Housing Corporation. The term has since expired. Now, therefore, by virtue of the authority vested in me pursuant to the Organic Act of Guam and the laws of Guam applicable to this position, I hereby reappoint you to serve as a Member of the Guam Housing Corporation for a new term of six (6) years.

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 of your acceptance.

*Senseramente,*



**EDDIE BAZA CALVO**



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: 55

3. Residential Address (NOT mailing address):  
[REDACTED]

4. Email Address: pdfrguam@hotmail.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

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)

[Signature]  
SIGNATURE

12/05/2012  
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. *GUAM HOUSING CORP.*

2.

3.

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

## GENERAL INFORMATION

NAME:

*GLEN A. MENDO*

MAILING ADDRESS:

[REDACTED]

CITY

STATE

ZIP

[REDACTED]

HOME PHONE:

WORK PHONE:

CELL/PAGER:

[REDACTED]

SOCIAL SECURITY NUMBER

[REDACTED]

LICENSES:

TYPE

EXPIRATION DATE

LICENSES:	TYPE	EXPIRATION DATE
_____	<i>CONSULTING</i>	_____
_____	<i>LIFE INSURANCE</i>	_____
_____	_____	_____

## BACKGROUND INFORMATION

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

Government of Guam Appointment

Dates of Service

*GUAM HOUSING CORP. BOARD*

*FR: APPROX 07/2000  
TO: PRESENT*

_____	_____
_____	_____
_____	_____

List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

*N/A*

### REFERENCES

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

NAME	ADDRESS	PHONE
1. <i>PAUL LEON GURPERO</i>		
2. <i>RETE CALVO</i>		
3. <i>ADDA BAZLEY</i>		

### EDUCATION

Education (Circle highest grade completed & degree)

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

Location: *Guam* School Attended: *UNIVERSITY OF MARYLAND* School Attended: \_\_\_\_\_  
Location: *GUAM* Location: \_\_\_\_\_  
Concentration: *MANAGEMENT* Concentration: \_\_\_\_\_  
Degree: *STUDIES/PSYCHOLOGY* Degree: \_\_\_\_\_  
Attended From: \_\_\_\_\_ to \_\_\_\_\_ Attended From: \_\_\_\_\_ to \_\_\_\_\_

Other Degrees or Certificates:

### TRAINING

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

INSTITUTE/SEMINARS/ON-THE-JOB	DATE
(VARIOUS)	ON OR ABOUT JUNE 1985 TO PRESENT

**AWARDS**

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

(GUAM)  
PARTICIPATION IN CAREER DAY AT TAMUNONG ELEM &  
JFK HIGH (GUAM)

**PROFESSIONAL INVOLVEMENT**

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

CHAMBER OF COMMERCE - SAN DIEGO, CA. & TEMECULA, CA

**COMMUNITY/CIVIC INVOLVEMENT**

List organizations, activities participated in, offices held:

SONS & DAUGHTERS OF GUAM CLUB, SAN DIEGO, CA.

**PUBLICATIONS & PRESENTATIONS**

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.

N/A

---



---

**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>(SELF)</u>	From: <u>12/2000</u>	To: <u>PRESENT</u>
Address: <u>127 PALE LEON MURPHY ST.</u>		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	
City: <u>TAMUNONG</u> State: <u>GA</u> Zip: <u>96913</u>		Average hours worked per week: <u>40</u>	
Name of Supervisor: <u>N/A</u>		Starting Salary: _____ per	
Your Title: <u>PRESIDENT</u>		Ending Salary: _____ per	
Duties & Responsibilities:		<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other	
<u>CONSULTED IN AREAS THAT INCLUDED BUT NOT LIMITED TO: BUSINESS, FINANCIAL, INSURANCE, HUMAN RESOURCE MANAGEMENT</u>			

May we contact your previous employer: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Reason(s) for Leaving: <u>N/A</u>
What did you NOT like about your job? <u>N/A</u>	

2	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
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? _____	
<b>3</b> 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
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? _____	
<b>4</b> Employer: _____	From: _____ To: _____
Address: _____	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City: _____ State _____ Zip _____	Average hours worked per week: _____





Explain any periods of unemployment longer than thirty days: N/A

### 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

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 checked="" type="radio"/> Under 25 <input type="radio"/> 201 – 300 <input type="radio"/> 501 and up <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 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 checked="" type="radio"/> Met plan <input 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="checkbox"/> Facilitated <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Implemented												
Do you have any experience with:			<table border="0"> <tr> <td>Restructuring an organization</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Process Improvement</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Re-engineering</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Total Quality Management</td> <td><input checked="" type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>	Restructuring an organization	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Process Improvement	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Re-engineering	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Total Quality Management	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Restructuring an organization	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO													
Process Improvement	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO													
Re-engineering	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO													
Total Quality Management	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO													
Have you ever participated in formal negotiations with another organization?			<input type="radio"/> YES <input type="radio"/> NO												
If YES, check the boxes describing your role:			<input type="checkbox"/> Observer <input type="checkbox"/> Assistant <input type="checkbox"/> Chief Negotiator <input type="checkbox"/> Advisor/Consultant												
Have you been involved in policy making process?			<input type="radio"/> YES <input type="radio"/> NO												
If YES, please check the boxes which best describes your role:			<input 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 checked="" type="checkbox"/> Sponsor <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Planning <input checked="" type="checkbox"/> Design <input checked="" type="checkbox"/> Coordination <input checked="" type="checkbox"/> Implementation

### GRANTS

	Have you been involved in applying, administering, awarding Grants?		
	<input type="radio"/> YES	<input checked="" type="radio"/> NO	

Please check the boxes which best describes your involvement: N/A

<input type="checkbox"/> Aide	<input 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:

CONSULTING IN THE AREAS WHICH INCLUDED BUT IS NOT LIMITED TO - BUSINESS, FINANCIAL, INSURANCE, HUMAN RESOURCE MANAGEMENT (HRM)

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

INVESTMENT / INSURANCE SPECIALIST. OPPORTUNITY TO MEET DIVERSITY OF PEOPLE AND DIVERSE ASPECT OF THE JOB.

What do you feel are your outstanding strengths?

INTER-RELATIONSHIP WITH OTHER PEOPLE, TEAM PLAYER, AND WILLING TO TAKE ON NEW CHALLENGES.

What do you feel are your primary weaknesses?

BEING HARD ON MYSELF WHEN I DO NOT PERFORM UP TO MY EXPECTATIONS ON A GIVEN TASK OR ASSIGNMENT.

What gives you the most satisfaction in your work?

BEING ABLE TO EFFECTIVELY ACHIEVE STATED OBJECTIVES OF TASK OR ASSIGNMENT AND HELPING OTHERS IN TASK OR ASSIGNMENT OBJECTIVE AND COMPLETION.

What is your concept of success?

REALIZING THAT I GAVE IT MY BEST EFFORT INTRINSICALLY TO ACHIEVE OBJECTIVE OF TASK OR ASSIGNMENT.

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

---

---

**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:

12/09/2012

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: GLENN A. MENDO

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
<u>IM ENTERPRISES INC.</u>	<u>100% SHAREHOLDER</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature (sign in ink)

12 / 05 / 2013  
Date



# STATEMENT OF TAX LIABILITIES

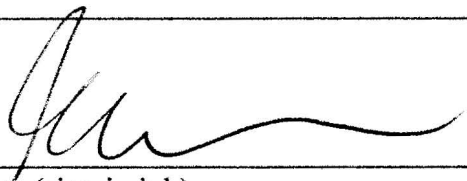
TO: Governor Eddie Baza Calvo  
Ricardo J. Bordallo Governor's Complex  
Adelup, Guam 96910

FROM: GREN A. MENO

Social Security #: 

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

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

  
Signature (sign in ink)

12 105 2012  
Date





Cont'd.

**Submit**



OFFICE OF THE GOVERNOR  
GUAM

**AFFIDAVIT**

I, **GLENN A. MENO**, 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.

\_\_\_\_\_  
**GLENN A. MENO (SIGNATURE)**

SUBSCRIBED AND SWORN TO before me this 17<sup>th</sup> day of February 2013,  
2013.

\_\_\_\_\_  
Notary Public

**ELEANOR DELA CRUZ TOVES**  
NOTARY PUBLIC  
In and for Guam, U.S.A.  
My Commission Expires: **Oct. 03, 2015**  
P.O. Box 3457 Hagatna, Guam 96932



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



December 3, 2012

**SUBJECT: CRIMINAL HISTORY RECORD**

<b>NAME:</b>	<b>Glenn A. MENO</b>		
<b>DATE OF BIRTH:</b>	██████████	<b>FINGERPRINT #:</b>	<b>NONE</b>
■	<b>The individual has no record of conviction(s) in GPD files that are subject to Guam law and rules and regulations of the Department.</b>		

\*\*\*\*\*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*

**By Direction: priscilla**

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

The absence of an original GUAM POLICE seal invalidates this police clearance.  
 revised 07/12/11



# 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: **GLENN ANTHONY MENO**

SS#: [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: 12/12/2012

**RICHARD B. MARTINEZ**  
Clerk of Courts

BY:   
**LORRAINE C. CRUZ**  
Deputy Clerk

Prepared By: JML



The absence of an original Court Seal invalidates this document