

EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

MAR 15 2013

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

32-13-190
Office of the Speaker
Judith T. Won Pat, Ed. D.
Date 3/15/13
Time 4:33
Received by [Signature]

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: **John A. Smith**
POSITION: **Member, Civil Service Commission**
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,

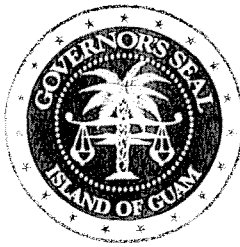

EDDIE BAZA CALVO

0190

2013 MAR 15 PM 4:51

Enclosure

EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

MAR 15 2013

Mr. John A. Smith
135 Antonio Wonpat ST
Agana Heights, GU 96910

RE: Commission Appointment

Dear Mr. Smith:

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:

Member, Civil Service Commission

This appointment is subject to confirmation by *I Liheslaturan Guåhan* and is effective upon your confirmation. Please contact the Office of the Governor at 472-8931-6 should you have any further questions regarding this appointment.

Senseramente,

A handwritten signature in black ink, appearing to read "Eddie Baza Calvo".

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: USA

2. DOB: [REDACTED] Age: [REDACTED]

3. Residential Address (NOT mailing address):

[REDACTED]

[REDACTED]

4. Email Address: jsmithguam@gmail.com

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

If yes, please explain:

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

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

If yes, please explain:

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

If yes, please explain:

John A. [Signature]
SIGNATURE

2/12/13
DATE



Appointment application

TODAY'S DATE:	
POSITION APPLYING FOR:	<input type="checkbox"/> Director <input type="checkbox"/> Deputy Director <input checked="" type="checkbox"/> Boards/Commission <input type="checkbox"/> Other _____

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

1. Civil Service Commission

2. _____

3. _____

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

GENERAL INFORMATION

NAME: John A. Smith

MAILING ADDRESS: _____

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

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

SOCIAL SECURITY NUMBER: _____

LICENSES:	TYPE	EXPIRATION DATE
Drivers _____	Operator _____	12/09/2013 _____
_____	_____	_____
_____	_____	_____

BACKGROUND INFORMATION

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

Government of Guam Appointment	Dates of Service
Civil Service Commission _____	2006 - 2012 _____
_____	_____
_____	_____
_____	_____

Cont'd.

List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

National Training Council - Republic of the Marshall Islands

1991 - 1992

Private Industry Council

1985 - 1992

REFERENCES

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

NAME	ADDRESS	PHONE
1. <u>Ed Chargulaf</u>		
2. <u>Hermie Queja</u>		
3. <u>Frank Shimizu</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: Detroit Michigan

School Attended: Wayne State Univ

School Attended: _____

Location: Detroit, Michigan

Location: _____

Concentration: Accounting

Concentration: _____

Degree: Bachelor of Science

Degree: _____

Attended From: Apr-67 to Jun-71

Attended From: _____ to _____

Other Degrees or Certificates:

TRAINING

Cont'd.

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:

Guam Chamber of Commerce

Guam Diabetes Association - Helped raise funds through golf tournaments in 2010 & 2011No

PUBLICATIONS & PRESENTATIONS

Cont'd.

List published articles, papers delivered at professional meetings:

None

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: Cost-U-Less	From: Apr-01	To: Apr-12
Address: 615 Harmon Loop Road		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	
City: Dededo State GU Zip 96929		Average hours worked per week: 60	
Name of Supervisor: Scott Schmidt		Starting Salary: \$60,000.00 per Annum	
Your Title: Store Manager		Ending Salary: \$98,800.00 per Annum	
Duties & Responsibilities:		<input type="radio"/> Resigned <input type="radio"/> Discharged <input checked="" type="radio"/> Other	
Overall operations of Harmon Cost-U-Less, including management of staff, ordering abd financial management			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
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?		Restructuring of Guam operations	
2	Employer: Town House Department Store	From: Jan-98	To: Apr-01
Address: P.O. Box 7		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	

Cont'd.

City: Hagatna	State GU	Zip 96910	Average hours worked per week: 50
Name of Supervisor: Kenneth T. Jones			Starting Salary: \$60,000.00 per annum
Your Title:			Ending Salary: \$75,000.00 per annum
Duties & Responsibilities:			<input checked="" type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
Overall management of Town House Department Store and 100 employees			
Responsible for day to day operations, including fiscal responsibility for profit and loss.			
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?			Closure of buisness in 2001
3 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?			
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/>	
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/>	
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 checked="" 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 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 type="radio"/> Facilitated <input 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 type="checkbox"/> Assistant	
		<input checked="" 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 checked="" type="checkbox"/> Planning	<input checked="" type="checkbox"/> Design	
		<input 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			
--	---	--	--	--

Cont'd.

Please check the boxes which best describes your involvement:

<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	E	_____	WordPerfect	None
Excel	E	_____	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 have lived and worked in Micronesia and Guam since 1974 - 38 years. I know and understand the people and culture of the area. I also have a strong financial background.

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

I have enjoyed working with the Cost-U-Less organization for the past 12 years, growing the business and developing the staff as they have grown to take on more responsibilities.

What do you feel are your outstanding strengths?

Ability to listen to people and communicate with them to achieve a common goal.
I get along well with people from all kinds of backgrounds and cultures

What do you feel are your primary weaknesses?

I do not always delegate enough to my staff.
I am also impatient to get things done quickly and accurately. Completing task

What gives you the most satisfaction in your work?

Completing projects in a timely manner that lead to increased sales opportunities .
Find new avenues to develop new / additional business opportunities.

What is your concept of success?

Being a productive and responsible individual, willing to do things for others without the expectation of financial reward for doing this.
Raising my children to be responsible and productive members of society.

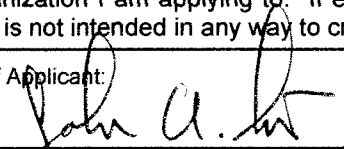
Cont'd.

Please write any additional information that you would like us to know about you (e.g. hobbies)
I enjoy sports, especially golf and the life lessons one can learn from the game. I also promote a healthy living style and participate in the local 5k runs to help raise money for charities and the Guam Diabetes Association.

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: April 12, 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: **John A. Smith**

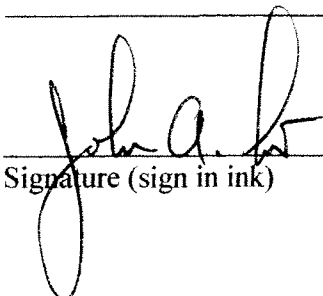
Social Security #: [REDACTED]

- 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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____


Signature (sign in ink)

4 / 12 / 12
Date



STATEMENT OF TAX LIABILITIES

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

FROM: **John A. Smith**

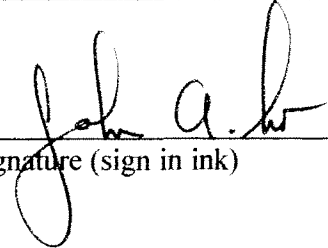
Social Security #: [REDACTED]

- 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

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


Signature (sign in ink)

4 / 12 / 12
Date

Cont'd.

Submit




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



February 7, 2013

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	John A. SMITH		
DATE OF BIRTH:		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



By Direction: RCamacho



**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

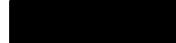
Name: JOHN A SMITH

SS#:

ID# GUAM DL#:



Date of Birth:



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: February 07, 2013

RICHARD B. MARTINEZ
Clerk of Courts

BY:  EDNA M. NEGRO
Deputy Clerk

Prepared By: EMN



The absence of an original Court Seal invalidates this document



OFFICE OF THE GOVERNOR
GUAM

AFFIDAVIT

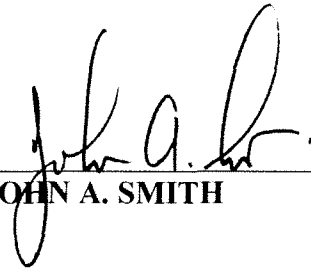
I, **JOHN A SMITH**, being first duly sworn, deposes and sayeths:

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.



JOHN A. SMITH

~~2012~~ ²⁰¹³ SUBSCRIBED AND SWORN TO before me this 19th day of February,
dy



Notary Public

Doris C. Garrido
NOTARY PUBLIC
In and for Guam, U.S.A.
My Commission Expires: December 31, 2015
Commission: NP No. 11-0152P
450 Route 8 Maite, Guam 96910