



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

JUN 06 2013

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

32-13-472

Office of the Speaker
Judith T. Won Pat, Ed. D.

Date 6/7/13
Time 8:57A
Received by [Signature]

RE: Board Appointment

Dear Madame Speaker:

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: Maria Snively
POSITION: Student Member, Guam Public Library System Board
TERM LENGTH: One (1) year

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

Senseramente,

EDDIE BAZA CALVO
I Maga'lahañ Guåhan
Governor of Guam

Enclosure

472

2013 JUN -7 AM 9:11 [Signature]



EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

JUN 06 2013

Ms. Maria Snively
268 Chalan Gaogao
Ironwood Manor
Dededo, Guam 96929

RE: Board Appointment


Dear Ms. Snively:

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:

Student Member, Guam Public Library System Board
Term: One (1) year

This appointment is subject to the advice and consent of *I Liheslaturan Guåhan*. Please contact the Office of the Governor at 472-8931 for further processing.

Senseramente,



EDDIE BAZA CALVO
I Maga'láhen Guåhan
Governor of Guam





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: 20

3. Residential Address (NOT mailing address):

[REDACTED]

4. Email Address: mariasnively@gmail.com

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

If yes, please explain:

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:

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

If yes, please explain:

Maria Snively
SIGNATURE

5/3/13
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. *Library Board Member - Student Member*

2.

3.

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

GENERAL INFORMATION

NAME:

Maria Snively

MAILING ADDRESS:

CITY

STATE

ZIP

HOME PHONE:

WORK PHONE:

CELL/PAGER:

SOCIAL SECURITY NUMBER:

LICENSES:

TYPE

EXPIRATION DATE

N/A

BACKGROUND INFORMATION

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

Government of Guam Appointment

Dates of Service

N/A

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. Lenny Josef

2. Jamie Dela Cruz

3. Anita Sukola

asukola@guamcivics.org

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: Guam

School Attended: UOG

School Attended: _____

Location: Mangilao, Guam

Location: _____

Concentration: General

Concentration: _____

Degree: Bachelor N/A

Degree: _____

Attended From: 4/2012 to 5/2013

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

N/A

AWARDS

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

N/A

PROFESSIONAL INVOLVEMENT

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

National Honor Society (Member)

COMMUNITY/CIVIC INVOLVEMENT

List organizations, activities participated in, offices held:

Youth With A Mission (Student)

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.

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>Carmens cha cha cha</u>	From: <u>May 2011</u> To: <u>Present</u>
Address: <u>17 Archbishop F.C. Flores St. 1st Floor, Perez Bldg.</u>		<input type="radio"/> Full-Time <input checked="" type="radio"/> Part-Time
City: <u>Hagatna</u>	State <u>GU</u> Zip <u>96910</u>	Average hours worked per week: <u>21</u>
Name of Supervisor: <u>Jamie Dela Cruz</u>	Starting Salary: <u>7.25</u> per hour	
Your Title: <u>waitress / Bartender</u>	Ending Salary: _____ per _____	
Duties & Responsibilities:		<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<u>Prepare To-Go orders, Record Reservations, Mix Drinks,</u>		
<u>Occasionally: take food orders, clean tables, expedite food and drinks.</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>Too far from home</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
<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?			
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
<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
_____ _____ _____ _____ _____	
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
_____ _____ _____ _____ _____ _____ _____ _____	
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 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 type="radio"/> YES <input checked="" type="radio"/> NO			

PERFORMANCE RATING

A	Was the organization/department you managed "profitable" or did your organization perform as formally planned?		
	<input type="radio"/> YES <input type="radio"/> NO		
	Variance from projected income: <input type="radio"/> Below plan <input type="radio"/> Met plan <input type="radio"/> Above plan		
Variance from projected expenses: <input type="radio"/> Below plan <input type="radio"/> Met plan <input type="radio"/> Above plan			

OTHER ABILITIES

A	Have you ever participated in a strategic planning process? <input type="radio"/> YES <input checked="" 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 type="radio"/> YES	<input checked="" type="radio"/> NO
	Process Improvement	<input type="radio"/> YES	<input checked="" type="radio"/> NO
	Re-engineering	<input type="radio"/> YES	<input checked="" type="radio"/> NO
	Total Quality Management	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Have you ever participated in formal negotiations with another organization? <input type="radio"/> YES <input checked="" 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 checked="" 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 (<i>includes lobbying process</i>)			

TECHNOLOGY

A	Have you been involved in promoting the use of Technology in your organization? <input type="radio"/> YES <input checked="" 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 type="checkbox"/> Coordination	<input 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:

<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	<u>E</u>	WordPerfect	None
Excel	None	<u>G</u>	Presentation	None
PowerPoint	None	<u>E</u>	Quattro Pro	None
			Lotus	<u>None</u>

GENERAL

Summarize and explain any experience and/or skills which you feel would be beneficial to employers: Explain:
Being in the Restaurant business and having been part of missionary work I have experience in the area of customer service.

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

What do you feel are your outstanding strengths?
Eager to learn ; Eager to improve ; Adaptable

What do you feel are your primary weaknesses?
Can't drive yet ; speak up / convey my thoughts

What gives you the most satisfaction in your work?
That it was done right / It honored God ; Helping someone in dire need ; Teamwork

What is your concept of success?
I am successful if I lived for today loving God with all I am, and loving my neighbor as myself.

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

I enjoy flying, swimming, having a pleasant conversation, and trying something new.

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:

Marie Smiley

Date:

5/14/13

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
Adeup, Guam 96910

FROM: Maria Smoely [Redacted]

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

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

Maria Smoely
Signature (sign in ink)

05 / 14 / 13
Date



STATEMENT OF TAX LIABILITIES

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

FROM: Maria Snively

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

Maria Snively
Signature (sign in ink)

05 / 14 / 13
Date

Cont'd.

Submit

COPY



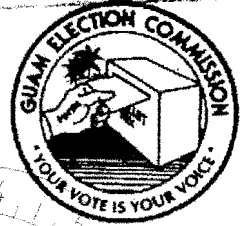
GUAM ELECTION COMMISSION

Kumision Eleksion Guåhan

P.O. Box BG • Hagåtña, Guam 96932

Tel: (671) 477-9791/2 • Fax: (671) 477-1895

E-Mail: vote@gec.guam.gov Website: www.gec.guam.gov



FINANCIAL DISCLOSURE ACT CHAPTER 13, TITLE 4, GUAM CODE ANNOTATED (GCA)



Name:

María Snively

Mailing Address:



Name of Board or Commission:

Guam Public Library System

Term of Office:

One year

STATEMENT OF DISCLOSURE OF CONFLICTS OF INTEREST FOR GOVERNMENT BOARD OR COMMISSION MEMBER

Public Law 24-91, Section 13104.1 of Title 4, Guam Code Annotated, requires that notwithstanding any other provision of Public Law, all appointees to Boards and Commissions of the Government of Guam shall be required to disclose and submit a report containing only information where conflicts of interest or possible conflicts of interest exists at the time of appointment. Or as may be expected to exist during their tenure of service on the Board or Commission to which they have been appointed. For purposes of this Section, conflicts of interest shall be defined under the provisions of Section 15205 of Title 4, Guam Code Annotated. Please refer to said statute for further particulars.

Please answer the following:

1. Do you have any present conflicts of interest or expect any conflicts of interest to exist during your tenure of service on the Board or Commission in which you presently serve?

Yes

No

2. If so, please provide full disclosure below.

I declare under penalty of perjury pursuant to the laws of Guam, that the above Statement of Disclosure of Conflicts of Interest is true and accurate pursuant to Section 13104.1, Title 4, Guam Code Annotated.

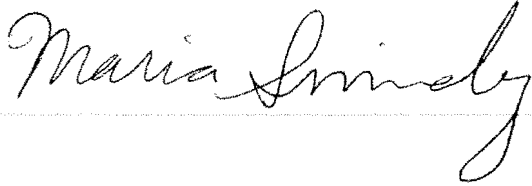
Maria Smivaly
Signature of Board/Commission Member

5/14/13
Date

AFFIDAVIT / DECLARATION UNDER PENALTY OF PERJURY

I, the undersigned, do hereby depose and say that: (1) I have read and reviewed the information contained in the attached Appointment/Nomination letter from the Governor of Guam; (2) that the matters contained in the Appointment/Nomination letter, together with all attachments thereto, are true and correct and that I am competent to testify to said matters; and (3) that this Declaration is made for the purpose of complying with the requirements of 4 G.C.A. Section 2103.5.

I declare under penalty of perjury under the laws of Guam (4 G.C.A. Section 4308) that the foregoing is true and correct.

Signature		Date	06/05/13
-----------	---	------	----------



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: **MARIA FAITH SNIVELY**

SS#: ID# GUAM ID#: [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 1 of 1

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 1 of 1

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: May 09, 2013

RICHARD B. MARTINEZ
Clerk of Courts

BY:  **JOSEPH S RIVERA**
Deputy Clerk

Prepared By: JJAP



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**



May 7, 2013

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Maria Faith SNIVELY		
DATE OF BIRTH:	██████████	FINGERPRINT #:	212-864
█	The individual has no record of criminal 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.

[Handwritten signature]

By Direction :) HFLORES

[Handwritten signature]

**FRED E. BORDALLO, JR.
 CHIEF OF POLICE**

The absence of an original GUAM POLICE seal invalidates this police clearance.
0036840.07/12/13