

EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

JUL 30 2013

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

2013 JUL 31 AM 10:02
JTB

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: Krishnan Seerengan
POSITION: Teacher Member, Guam Public Library System Board
TERM SERVED: June 30, 2013 to June 30, 2016
TERM LENGTH: Three (3) years

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

Senseramente,

Office of the Speaker
Judith T. Won Pat, Ed.D.
Date 7/31/13
Time 9:12 AM
Received by fathson
32-13-643

EDDIE BAZA CALVO
I Maga'lahaen Guåhan
Governor of Guam

Enclosure

643



EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

Mr. Krishnan Seerengan
P.O. Box 21646
Barrigada, Guam 96921

JUL 30 2013

RE: Board Appointment

Dear Mr. Seerengan:

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 for the remainder of the unexpired term indicated below as follows:

Teacher Member, Guam Public Library System Board
Length of term: Three (3) years
Term: June 30, 2013 to June 30, 2016

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.A.

2. DOB: [REDACTED] ge: [REDACTED]

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

4. Email Address: kseevengan @ gdae.net

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:

[Signature]
SIGNATURE

05.02.2013
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. CASAM PUBLIC LIBRARY
- 2.
- 3.

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

GENERAL INFORMATION

NAME: KRISHNAN SEERENGAN

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED]

HOME PHONE: [REDACTED] WORK PHONE: [REDACTED] CELL/PAGER: [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED]

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

BACKGROUND INFORMATION

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

Government of Guam Appointment	Dates of Service
G. DOE Since	2012
_____	_____
_____	_____
_____	_____

List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

NONE

REFERENCES

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

NAME

ADDRESS

PHONE

1. JAN RUDOLPH

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: GUAM

School Attended: U.D.G.

School Attended: UNIVERSITY of Phoenix

Location: GUAM

Location: ARIZONA

Concentration: BUSINESS MANAGEMENT

Concentration: Education

Degree: BBA

Degree: Master of Information Science

Attended From: 1977 to 1983

Attended From: 2002 to 2004

Other Degrees or Certificates:

IN A PROCESS of RECEIVING M.Sc. Information Science.

TRAINING

Cont'd.

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

TEACHER ~~STATE~~ Computer Science - 2002 - Present

LIBRARIAN 2007 - to Present.

At J. F. K. High School.

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.

1	Employer: B. G. DOE	From: 2002	To: PRESENT
Address: HAGATNA		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time	
City: _____	State: Gu	Zip: 96910	Average hours worked per week: 40 hours
Name of Supervisor: Dr. Adams		Starting Salary: 30,000.00 per YEAR	
Your Title: LIBRARIAN		Ending Salary: 42,000.00 per YEAR	
Duties & Responsibilities:		<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other	
TEACHER			
LIBRARIAN			
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?			
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/> <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/> <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/>	
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?	

Cont'd.

Explain any periods of unemployment longer than thirty days: _____

MANAGEMENT EXPERIENCE	
A	Have you ever managed a Business, Department or an entire organization? <input checked="" type="radio"/> YES <input type="radio"/> NO If YES, did you report to a Board of Directors? <input type="radio"/> YES <input checked="" type="radio"/> NO If your answer is NO, please select the management position/title you held: <input type="radio"/> Lead <input type="radio"/> Administrator <input type="radio"/> Deputy Director <input type="radio"/> Supervisor <input type="radio"/> Superintendent <input type="radio"/> Assistant General Manager <input type="radio"/> Manager <input type="radio"/> Director (<i>under a GM/CEO, President</i>) <input type="radio"/> Vice President
B	Number of years of service in the highest ranking management position you have held. (Please check one of the following) <input type="radio"/> under 1 year <input type="radio"/> 9+ – 15 years <input type="radio"/> 1+ – 3 years <input type="radio"/> 15+ – 20 years <input type="radio"/> 3+ – 5 years <input type="radio"/> 20+ and up <input checked="" type="radio"/> 5+ – 9 years
C	Sector of Organization you served with the most years. <input type="radio"/> GOVERNMENT: <input type="radio"/> Local <input type="radio"/> Federal <input checked="" type="radio"/> PRIVATE <input type="radio"/> OTHER: _____

SUPERVISORY

A	Total number of employees in the organization/department you have managed: <input checked="" 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 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 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 checked="" type="radio"/> Directed <input type="radio"/> Implemented
	Do you have any experience with:
	Restructuring an organization <input type="radio"/> YES <input type="radio"/> NO
	Process Improvement <input type="radio"/> YES <input type="radio"/> NO
	Re-engineering <input type="radio"/> YES <input type="radio"/> NO
	Total Quality Management <input type="radio"/> YES <input type="radio"/> 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 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 (<i>includes lobbying process</i>)	

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 type="checkbox"/> Implementation

GRANTS

A	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:

- Aide
- Researchers
- Writer
- Administrator
- Reviewer
- 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	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:

Bring many years of Management (BUSINESS)
Educational Experience

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

Owned and managed my business. I ~~both~~ I
Educational work enjoyed both of
(them)

What do you feel are your outstanding strengths?

Leadership ability
REACHING GOAL.

What do you feel are your primary weaknesses?

What gives you the most satisfaction in your work?

Achieving the goal.
Assisting the Management to Achieve.
Being a Team Player.

What is your concept of success?

Reaching the goal
Assist the institution to reach the
goal.

Cont'd.

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

Playing tennis. Reading.

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:

04-26-2013

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

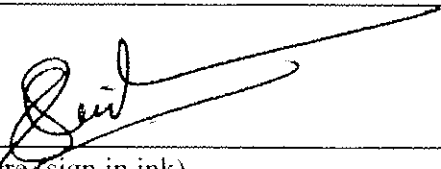
TO: Governor Eddie Baza Calvo
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM: KRISHNAN SEERENGAN

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)

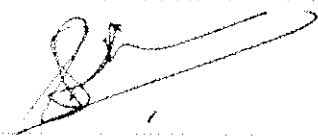
05-02-2013
Date

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.

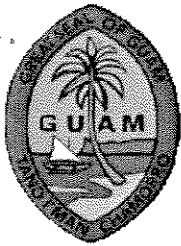
I declare under penalty of perjury under the laws of Guam (4 G.C.A. Section 4308) that the foregoing is true and correct.

Signature

A handwritten signature in black ink, appearing to be a stylized name, written over a horizontal dotted line.

Date

07-12-2013



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



May 2, 2013

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Krishnan SEERENGAN		
DATE OF BIRTH:	[REDACTED]	FINGERPRINT #:	[REDACTED]
[REDACTED]	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.

By Direction: mair

[Handwritten signature]

[Handwritten signature]

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

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: KRISHNAN SEERENGAN

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: May 02, 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