**EDDIE BAZA CALVO**
*Governor*

**RAY TENORIO**
*Lieutenant Governor*

*Office of the Governor Of Guam*

MAR 07 2018

GL# 34-18-1628
Speaker Benjamin J.F. Cruz

MAR 08 2018
Time: 10:55 [ ] AM [ ] PM File No 34-1634
Received By:

Honorable Benjamin J.F. Cruz
Speaker
*I Mina'trentai Kuåttro Na Liheslaturan Guåhan*
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

RE: Board Appointment

Dear Mr. 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: | Gregory J. Cruz |
| POSITION: | Respiratory Therapist Representative,<br>Guam Board of Allied Health Examiners |
| TERM LENGTH: | **Three (3) years** |
| TERM SERVED: | From date of confirmation plus three (3) years |

2018 MAR -8 PM 1:08

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

*Senseramente,*

**EDDIE BAZA CALVO**

1628

**EDDIE BAZA CALVO**
*Governor*

**RAY TENORIO**
*Lieutenant Governor*

*Office of the Governor Of Guam.*

MAR 0 7 2018

Mr. Gregory J. Cruz
[redacted]

Dear Mr. Cruz:

Thank you for your commitment to serve the people of Guam. The Calvo-Tenorio administration continues to face challenges, both near and long-term. Facing these challenges requires the collective efforts of the best minds who 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:

**Respiratory Therapist Representative,**
**Guam Board of Allied Health Examiners**
**Term Length: Three (3) years**
**Term served: From date of confirmation plus three (3) years**

This appointment is subject to the advice and consent of *I Liheslaturan Guåhan*. Please contact the Office of the Governor at 472-8931 should you have any questions.

*Senseramente,*

**EDDIE BAZA CALVO**

OFFICE OF THE GOVERNOR
GUAM

# Nomination and Appointment Information

The following information is required for submission to the Speaker of *I Liheslaturan Guahan* in accordance with Title 4, Guam Code Annotated Section 2103:

## NOMINEE INFORMATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Last Name | CRUZ | First | GREGORY | M.I. | J | Date | 1/21/18 |
| Mailing Address | [redacted] | | | Apartment/Unit # | | | |
| City | [redacted] | State | Guam | ZIP | [redacted] | | |
| Phone | [redacted] | E-mail Address | [redacted] | | | | |
| Position to which Appointment is Made | MEMBER GUAM BOARD OF ALLIED HEALTH | | | | | | |
| Are you a citizen of the United States? | YES ☑ | NO ☐ | If no, are you authorized to work in the U.S.? | YES ☐ | NO ☐ | | |

## EDUCATION

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| High School | GWHS GUAM ADVENTIST ACADEMY | | | City/State | MANGILAO, GUAM WINDWARD HILLS, GUAM | | | |
| From | 1975 | To | 1977 | Did you graduate? | YES ☑ | NO ☐ | Degree | HS |
| College | LOMA LINDA UNIVERSITY | | | City/State | LOMA LINDA, CA | | | |
| From | 1977 | To | 1980 | Did you graduate? | YES ☑ | NO ☐ | Degree | ASRT |

## EDUCATION

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Graduate School | | | | | City/State | | | |
| From | | To | | Did you graduate? | YES ☐ | NO ☐ | Degree | |
| Other Degree | | | | | City/State | | | |
| From | | To | | Did you graduate? | YES ☐ | NO ☐ | Degree | |

## EMPLOYMENT HISTORY

| | | | |
|---|---|---|---|
| (1) Present Employer | GMHA<br>GRMC | Position | RESPIRATORY THERAPIST<br>RESPIRATORY Therapist |
| Address | 850 GOV. CAMACHO RD<br>TAMUNING, GU | Dates Held | NOV. 1991 - present<br>GRMC 6-2016 to present |
| (2) Previous Employer | RIVERSIDE COMMUNITY HOSPITAL | Position | RESPIRATORY THERAPIST |
| Address | RIVERSIDE, CALIFORNIA | Dates Held | 3/1983 to 10/1991 |
| (3) Previous Employer | GMHA | Position | RESPIRATORY THERAPIST |
| Address | 850 GOV. CAMACHO RD | Dates Held | 10/1980 to 2/1983 |
| (4) Previous Employer | | Position | |
| Address | | Dates Held | |
| (5) Previous Employer | | Position | |
| Address | | Dates Held | |

## PRIOR GOVERNMENT OF GUAM SERVICE

| | | | |
|---|---|---|---|
| Agency | | Phone | |
| Address | | | |
| Job Title | From: | To | |

## PRIOR GOVERNMENT OF GUAM SERVICE

| | | | |
|---|---|---|---|
| Agency | | Phone | |
| Address | | | |
| Job Title | From: | To | |

## PRIOR GOVERNMENT SERVICE (EXCLUDING GOVERNMENT OF GUAM)

| | | | |
|---|---|---|---|
| Agency | | Phone | |
| Address | | | |
| Job Title | From: | To | |
| Agency | | Phone | |
| Address | | | |
| Job Title | From: | To | |

## TRAINING

| Institute/Seminars/On-the-Job Training: | Date |
|---|---|
| | |
| | |
| | |
| | |
| | |

## AWARDS

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

## PROFESSIONAL INVOLVEMENT

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

## COMMUNITY / CIVIC INOVLEMENT

List organizations, activities, participated in, offices held

## PUBLICATIONS AND PRESENTATIONS

List any published articles, papers delivered at professional meetings, etc.:

## MILITARY SERVICE (*PLEASE ATTACH FORM DD-214)*

| | | | |
|---|---|---|---|
| Branch | US ARMY RESERVE | From 9/1990 To | 3/1999 |
| Rank at Discharge | E4 | Type of Discharge | Honorable |

## OTHER INFORMATION

| | | |
|---|---|---|
| (1) Have you ever been found guilty of a felony in any court, whether within or without the United States? | YES ☐ | NO ☑ |

If so, please specify in detail:

Address of the court: _____

Date of Conviction: _____

Specific infraction committed: _____

| | | |
|---|---|---|
| (2) Have you ever been declared mentally incompetent by any court, whether within or without the United States? | YES ☐ | NO ☑ |

If so, please specify in detail the reasons and facts related to such declaration:

_____

_____

_____

_____

_____

_____

| | | |
|---|---|---|
| (3) Have you ever been found not guilty or not punishable in any criminal proceedings by reason of insanity? | YES ☐ | NO ☑ |
| (4) Have you ever been confined to a mental institution for any reason? | YES ☐ | NO ☑ |

If so, please specify in why the appointing authority believes you that you are not suffering from any mental illness or affliction:

_____

_____

_____

_____

_____

_____

# Statement of Financial Interests

***(Required by 4 G.C.A. § 13104.1)***

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

FROM: _____

☑ 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

1/21/18
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 | Gregory D. Cruz | Date | 1/21/18 |
|---|---|---|---|

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

February 6, 2018

**SUBJECT: CRIMINAL HISTORY RECORD**

| | | | |
|---|---|---|---|
| **NAME:** | **Gregory James CRUZ** | | |
| **DATE OF BIRTH:** | [redacted] | **FINGERPRINT #:** | [redacted] |
| ■ | **The individual has no record of criminal conviction(s) of any crime and disposition as indicated in GPD files.** | | |

*****************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.*

**By Direction: je**

**The absence of an original GUAM POLICE seal invalidates this police clearance.**
REVISED 08/03/16

**JOSEPH I. CRUZ**
**Chief of Police**

# SUPERIOR COURT OF GUAM

Guam Judicial Center • 120 West O'Brien Drive • Hagatña, Guam 96910

Telephone (671) 475-3370/475-3449
Fax (671) 472-2856

**DANIELLE T. ROSETE**
Clerk of Court


Name: GREGORY JAMES CRUZ

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. [X] 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, Hagatña, 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:** 02/07/2018

**DANIELLE T. ROSETE**
**Clerk of Court**

**BY:** JEANETTE B. ROBERTO
**Deputy Clerk**

**Prepared By:** B.A.E.

The absence of an original Court Seal invalidates this document