



FEDERATED STATES OF MICRONESIA  
 KOSRAE STATE  
 EASTERN CAROLINE ISLANDS 96944

APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: READ THE CERTIFICATE AT THE END OF THIS APPLICATION BEFORE FILLING IT IN. TYPE OR PRINT ALL ANSWERS CLEARLY WITH A DARK BALLPOINT PEN. ANSWER ALL QUESTIONS FULLY AND ACCURATELY, SIGN AND SUBMIT TO THE KOSRAE STATE PERSONNEL OFFICE. IF YOU CHANGE YOUR ADDRESS AFTER SUBMITTING, NOTIFY THE PERSONNEL DIVISION AS SOON AS POSSIBLE.			DO NOT WRITE IN THIS SPACE
1. NAME OF JOB APPLIED FOR (or Title of Examination)		2. ANNOUNCEMENT NUMBER	
3. OTHER JOBS IN WHICH YOU ARE INTERESTED			
4. NAME (First, Middle, Maiden, Last)		5. SOCIAL SECURITY NUMBER	
6. MAILING ADDRESS (P.O. Box Number or Number and Street)			
8. MUNICIPALITY AND DISTRICT (or city and State)			Zip Code
PHONE NUMBER (circle the best number to reach you)			
Home		Cell	Work
10. E-MAIL ADDRESS			
PERSON ALWAYS ABLE TO CONTACT YOU (name, address, phone number)			
LIST ALL OTHER NAMES YOU ARE OR HAVE BEEN KNOWN BY			Have you ever been convicted of a criminal offense or forfeited bail? (A criminal record will not necessarily bar you from employment, but a false or dishonest answer will). If yes, please list the year(s) and nature of offense(s).  Yes <input type="checkbox"/> No <input type="checkbox"/>
CITIZENSHIP FSM <input type="checkbox"/> United States <input type="checkbox"/> Other (specify) <input type="checkbox"/>			
19. LANGUAGE PROFICIENCY		Indicate your knowledge by placing "X" in the proper columns.	
		Read	Speak
ENGLISH		Understand	Write
KOSRAEAN			
21. HAVE YOU EVER BEEN FIRED OR QUIT A JOB TO AVOID BEING FIRED FOR ANY OF THE FOLLOWING REASONS (SELECT ALL THAT APPLY)?			
QUALITY OF WORK	<input type="checkbox"/>	ATTENDANCE	<input type="checkbox"/>
		CONFLICT WITH SUPERVISOR OR CO-WORKERS	<input type="checkbox"/>
POLICY VIOLATION	<input type="checkbox"/>	OTHER (PLEASE SPECIFY):	<input type="checkbox"/>
22. PLEASE ANSWER THIS QUESTION ONLY AFTER THOROUGHLY REVIEWING THE ANNOUNCEMENT OF THE VACANCY YOU ARE APPLYING FOR. ARE YOU PHYSICALLY AND MENTALLY ABLE TO PERFORM THE DUTIES LISTED FOR THIS POSITION?			Yes <input type="checkbox"/> No <input type="checkbox"/>
25. LOWEST PAY YOU WILL ACCEPT		26. WILL YOU TRAVEL? (Check one)	27. WHEN WILL YOU BE AVAILABLE?
		None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>	

**29. EDUCATION AND TRAINING- NOTE THAT IF A DEGREE IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING, A COPY OF THE ACTUAL DEGREE MUST BE ATTACHED TO YOUR APPLICATION. TRANSCRIPTS MAY NOT BE SUBSTITUTED FOR DEGREES AND FAILING TO SUBMIT ALL REQUIRED DOCUMENTATION WILL DELAY PROCESSING/CONSIDERATION.**

(A) Highest level of education completed:		(B) Name and location of last school attended:	If degree received, give date:
Less than High School Diploma	<input type="checkbox"/> Associate Degree		
Graduated High School	<input type="checkbox"/> Bachelor Degree	Major, subject, or course of study:	
Some college coursework	<input type="checkbox"/> Graduate Degree		
(C) Name and location of College or University attended (if different than last school attended):		Major, subject, or course of study:	If degree received, give date:
(D) Name and location of other schools attended (trade, vocational, business, military, correspondence)		Major, subject, or course of study:	If certificate received, give date:
(E) Special qualifications, skills, honors (licenses, office equipment, vehicles, construction equipment, etc)			

**30. EXPERIENCE: Fill in each block carefully and completely. Start with your present or most recent employer and work back. Describe your work, listing your most important duties first. If you supervised others, explain your supervisory responsibilities as well. If you worked under a different name from the name in item 4, print the former name at the end of the "Description of Work" box.**

Dates of Employment (Month, Year)		Position Title	Do not write in this space
1 From	To present		
Final Salary		Name of Employer	
\$	per		
Employer Location		Name/Title of Immediate Supervisor	
Reason for Leaving			
Description of Work			

IF ADDITIONAL SPACE IS NEEDED FOR EDUCATION OR EXPERIENCE, USE A PLAIN PIECE OF PAPER APPROXIMATELY THE SIZE OF THIS PAGE AND ATTACH HERE. PRINT YOUR NAME ON EACH SHEET.

2	DATES OF EMPLOYMENT (Month, Year)		Position Title	Do not write in this space
	From	To		
Final Salary			Name of Employer	
\$	per			
Employer Location			Name/Title of Immediate Supervisor	
Reason for Leaving				
Description of Work				
3	DATES OF EMPLOYMENT (Month, Year)		Position Title	Do not write in this space
	From	To		
Final Salary			Name of Employer	
\$	per			
Employer Location			Name/Title of Immediate Supervisor	
Reason for Leaving				
Description of Work				
4	DATES OF EMPLOYMENT (Month, Year)		Position Title	Do not write in this space
	From	To		
Final Salary			Name of Employer	
\$	per			
Employer Location			Name/Title of Immediate Supervisor	
Reason for Leaving				
Description of Work				

5	DATES OF EMPLOYMENT (Month, Year)		Position Title	Do not write in this space
	From	To		
Final Salary:			Name of Employer	
\$                      per				
Employer Location			Name/Title of Immediate Supervisor	
Reason for Leaving				
Description of Work				
31. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB FOR WHICH YOU ARE APPLYING.				
Full Name		Email Address/Phone		Business or occupation
32. MAY YOUR PRESENT EMPLOYER BE CONTACTED?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.				
I, _____ (print name), understand that a false answer or statement, or attempt to practice deception or fraud in this application is grounds for rating me ineligible for employment with The State of Kosrae or for dismissing me from employment after appointment. All statements made in this application are subject to investigation, including a check of court records and former employers. All information pertinent to this application will be considered in determining my present fitness for employment with The State of Kosrae.				
CERTIFICATION				
I CERTIFY that I have read and understood the foregoing paragraph. I FURTHER CERTIFY that all of the answers and statements made in this application are true, competent and correct to the best of my knowledge and are made in good faith.				
PLEASE SIGN HERE	Signature of Applicant (Do not print)			DATE (Month, Day, Year)