



**POHNPEI STATE GOVERNMENT  
DEPARTMENT OF TREASURY ADMINISTRATION  
APPLICATION FOR EMPLOYMENT**

GENERAL INSTRUCTIONS:										DO NOT WRITE
<b>READ THE CERTIFICATE AT THE END OF THIS APPLICATION CLEARLY BEFORE FILLING IT IN. TYPE OR PRINT ALL ANSWERS CLEARLY WITH A DARK BALL-POINT PEN, ANSWER ALL QUESTIONS FULLY AND ACCURATELY. FILL IN, SIGN, AND RETURN COMPLETED APPLICATION TO THE STATE PERSONNEL OFFICE. IF MORE SPACE IS REQUIRED FOR ANY ANSWER, USE ITEM 33.</b>										
1. KIND OF JOB APPLIED FOR (or Title of Examination)					2. ANNOUNCEMENT NUMBER					
3. OTHER JOBS IN WHICH YOU ARE INTERESTED										
4. NAME (First, Middle, Last)					5. SOCIAL SECURITY NO.					
6. MAILING ADDRESS (P O Box Number or Street Number)							7. PHONE NUMBERS			9. CITIZENSHIP [ ] FSM [ ] US [ ] OTHER SPECIFY _____
8. MUNICIPALITY AND DISTRICT (or City and State)				Zip Code			HOME:  WORK:			
10. AGE	11. BIRTHDATE (Month, Day, Year)				12. BIRTH PLACE					18. PERSON ALWAYS ABLE TO CONTACT YOU (Name/Address/Phone Number)
13. HEIGHT	14. WEIGHT'	15. SEX [ ] MALE [ ] FEMALE		16. MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)						
17. INDICATE BY MUNICIPALITY AND DISTRICT OR CITY AND STATE		PERMANENT RESIDENCE			PRESENT ADDRESS					20. LIST ALL OTHER NAMES YOU ARE OR HAVE BEEN KNOWN BY
19. LIST THE TRUST TERRITORY LANGUAGES YOU KNOW				Indicate your knowledge by placing "x" in the proper column						
				Read	Speak	Understand	Write			
ENGLISH										
POHNPEIAN										
21. WITHIN THE LAST FIVE YEARS HAVE YOU:		a) BEEN FIRED FOR ANY REASON [ ] YES [ ] NO			b) QUIT A JOB TO AVOID BEING FIRED [ ] YES [ ] NO			c) BEEN CONVICTED OF AN OFFENSE OR FORFEITED BAIL? [ ] YES [ ] NO		
22. HAVE YOU ANY PHYSICAL HANDICAP, CHRONIC DISEASE OR OTHER DISABILITY? [ ] YES [ ] NO		23. HAVE YOU EVER HAD A NERVOUS BREAKDOWN? [ ] YES [ ] NO			24. HAVE YOU EVER HAD TUBERCULOSIS? [ ] YES [ ] NO					
25. LOWEST PAY YOU WILL ACCEPT		26. WILL YOU TRAVEL? Check one [ ] None [ ] Some [ ] Often			27. WHEN WILL YOU BE AVAILABLE?					
28. LAST PREVIOUS EMPLOYMENT WITH TRUST TERRITORY GOVERNMENT OR GOVERNMENT OF POHNPEI STATE										
Job Title			Grade		From (Month, Year)			To (Month, Year)		

29. EDUCATION AND TRAINING (High School attended)											
(A) Highest grade Completed		If Graduated Give date		(B) Name and Location of last school attended							
(C) Name and Location of College or University attended (Attach College Transcript)				Date Attended		Years Completed		Credits Completed		Type of Degree	Year of Degree
				From	To	Day	Night	Semester Hours	Quarter Hours		
(D) Chief undergraduate college subjects			Credits Completed		(E) Chief graduate college subjects				Credits Completed		
			Semester Hours	Quarter Hours					Semester Hours	Quarter Hours	
(F) Name and location of other schools attended (trade, Vocational, business, military, correspondence)				Date Attended		Subjects studied				If rec'd certificate give date	
				From	To						
(G) Special qualifications, skills, honors, (licenses; operate office machines, data processing equipment, Construction equipment, etc.)						Words per minute					
						Typing		Shorthand			

**DO NOT WRITE IN THIS SPACE**

30. EXPERIENCE: Fill in each block carefully and completely. Start with your present or most recent employer and work back, listing your most important duties first. If you supervised other, explain your supervisory responsibilities. If work was part-time, show average number of hours worked per week. If you worked under a name different from the name in item 4, print the former name at the end of the "Description of Work" at the end of the "Description of Work" box. Account for all time over the past ten years including periods of unemployment

Dates of Employment (Month, Year) 1 From To Present		Position Title		Do not write in this space	
Salary Starting \$ per		Place of Employment		Grade of Pay Level (If Government Service)	
Final per					
Name and address of employer			Name, Title and address of immediate supervisor		
Reason for Leaving				Number & kind of employees supervised	
Description of work					



Date of Employment (month, Year) From                      To:		Position Title		Do not write in this space	
Salary Starting \$                      per		Place of Employment		Grade/Pay level (if Government Service)	
Final \$                      per					
Name and Address of Employer			Name, Title and Address of Immediate Supervisor		
Reason For Leaving				Number and Kind of Employees Supervisor	
Description of Work					
Date of Employment (month, Year) From                      To:		Position Title		Do not write in this space	
Salary Starting \$                      per		Place of Employment		Grade/Pay level (if Government Service)	
Final \$                      per					
Name and Address of Employer			Name, Title and Address of Immediate Supervisor		
Reason For Leaving				Number and Kind of Employees Supervisor	
Description of Work					
Date of Employment (month, Year) From                      To:		Position Title		Do not write in this space	
Salary Starting \$                      per		Place of Employment		Grade/Pay level (if Government Service)	
Final \$                      per					
Name and Address of Employer			Name, Title and Address of Immediate Supervisor		
Reason For Leaving				Number and Kind of Employees Supervisor	
Description of Work					

Date of Employment (month, Year) From _____ To: _____	Position Title	Do not write in this space
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Salary Starting \$ _____ per _____ Final \$ _____ per _____	Place of Employment	Grade/Pay level (if Government Service)
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Name and Address of Employer	Name, Title and Address of Immediate Supervisor
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Reason For Leaving	Number and Kind of Employees Supervisor
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Description of Work

**LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB FOR WHICH YOU ARE APPLYING. Do not list supervisors you listed under item 30.**

Full Name	Present Address	Business or Occupation

32. MAY YOUR PRESENT EMPLOYER BE CONTACTED? Yes [ ] No [ ]

33. SPACE FOR DETAILED ANSWERS (Indicate Item Number to which answer applies).

Item Number	

**ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION**

A false answer or statement or attempt to practice deception or fraud in this application is grounds for rating you ineligible for employment with the Pohnpei State Government and for dismissing you 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 your present fitness for employment with the Pohnpei State Government.

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, complete and correct to the best of my knowledge and belief and are made in good faith.

PLEASE SIGN HERE	SIGNATURE OF APPLICANT (Do Not Print)	DATE (Month, Day, year)
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