POHNPEI STATE GOVERNMENT
DEPARTMENT OF TREASURY ADMINISTRATION
APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS:

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.

DO NOT WRITE

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
HOME:
WORK:

8. MUNICIPALITY AND DISTRICT (or City and State) Zip Code

9. CITIZENSHIP
[ ] FSM
[ ] US
[ ] OTHER
SPECIFY _____

10. AGE

11. BIRTHDATE (Month, Day, Year)

12. BIRTH PLACE

13. HEIGHT

14. WEIGHT'

15. SEX
[ ] MALE
[ ] FEMALE

16.MARITAL STATUS (Married, Single, Widowed Divorced, Separated)

18. PERSON ALWAYS ABLE TO CONTACT YOU(Name/Address/ Phone Number)

17. INDICATE BY MUNICIPALITY AND DISTRICT OR CITY AND STATE

PERMANENT RESIDENCE

PRESENT ADDRESS

19. LIST THE TRUST TERRITORY LANGUAGES YOU KNOW

Indicate your knowledge by placing "x" in the proper column

	Read	Speak	Understand	Write
ENGLISH				
POHNPEIAN				

20. LIST ALL OTHER NAMES YOU ARE OR HAVE BEEN KNOWN BY

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. EDUCTION 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	Credites 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)	Position Title	Do not write in this space
1 From To Present		
Salary Starting $ per Final per	Place of Employment	Grade of Pay Level (If Government Service)
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 Final $ per	Place of Employment	Grade/Pay level (if Government Service)
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 Final $ per	Place of Employment	Grade/Pay level (if Government Service)
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 Final $ per	Place of Employment	Grade/Pay level (if Government Service)
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 Final $ per	Place of Employment	Grade/Pay level (if Government Service)	
Name and Address of Employer	Name, Title and Address of Immediate Supervisor		
Reason For Leaving		Number and Kind of Employees Supervisor	
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 intem30.

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 you 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)