



# FEDERATED STATES OF MICRONESIA

## PERSONNEL DIVISION

### YAP STATE GOVERNMENT

#### APPLICATION FOR EMPLOYMENT

<b>GENERAL INSTRUCTIONS:</b> 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. Fill in, sign, and return to your servicing personnel office, or to any FSM liaison office close to you. If you change your address, notify the office where you filed this. If more space is required for any answer, use item 39.										Do not write in this space.	
1. Name ( <i>First, Middle, Maiden, Last</i> )					2. Social Security Number						
3. Kind of job applying for ( <i>or Title of Examination</i> )											
4. Other jobs in which you are interested in					5. Announcement Number						
6. Mailing Address ( <i>P.O. Box Number or Number and Street</i> )					7. Phone Numbers					9. Citizenship <input type="checkbox"/> FSM <input type="checkbox"/> United States <input type="checkbox"/> Other Specify _____	
8. Municipality and State					Zip Code						
10. Age		11. Birth date (Month, Day, Year)			12. Birthplace						
13. Height		14. Weight		15. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		16. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated					
17. Indicate by Municipality and State Place of		Present Residence			Permanent Residence					18. Person always able to contact you ( <i>Name, Address, Phone Number</i> )	
19. List the FSM languages you know				Indicate your knowledge by placing "X" in the proper columns.							
				Read		Speak		Understand		Write	
English				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
21. Within the last five years have you:				a) Been fired for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No		b) Quit a job to avoid being fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		c) Been convicted of an offense or forfeited bail? <input type="checkbox"/> Yes <input type="checkbox"/> No			
22. Have you any physical handicap, chronic disease, or other disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No				23. Have you ever had a nervous breakdown? <input type="checkbox"/> Yes <input type="checkbox"/> No				24. Have you ever had tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If your answer is "Yes" to 21, 22, 23, or 24, give detail in item 39.</i>											
25. Lowest pay you will accept ( ) per				26. Will you travel? ( <i>Check one</i> ) <input type="checkbox"/> Often <input type="checkbox"/> Some <input type="checkbox"/> None				27. When will you be available?			
28. Last previous employment with Yap State Government or any FSM Government.											
Job Title			Grade			From ( <i>Month, Year</i> )			To ( <i>Month, Year</i> )		
29. POLICE CLEARANCE											
Name of crime convicted of and year											
1. _____				2. _____							
3. _____				4. _____							
Verified by Chief of Police: _____						Date: _____					

30. Education and training ( <i>Attach college transcript with this application</i> )											
a) Elementary/High School				b) Name and location of last school attended:							
Highest grade completed		If graduated, give date									
c) Name and location of college or university attended				Dates 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 ( <i>trade, vocational, business, military, correspondence, etc</i> )				Dates Attended		Subjects Studied			If certificate received, give date		
				From	To						
g) Special qualifications, skills, honors ( <i>licenses; skills in operating office machines, data processing equipment, vehicles, construction equipment; etc.</i> )							Words per minute				
							Typing		Shorthand		
DO NOT WRITE IN THIS SPACE											
31. Experience: Fill in each block carefully and completely. Start with your present or most recent employer and work back. Describe all of your work, listing your most important duties first. If you supervised others, 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" box. Account for all time over the past ten years, including periods of unemployment.											
32.	Dates of Employment ( <i>Month, Year</i> )			Position Title				Do not write in this space			
	From		To Present								
	Salary			Place of Employment		Grade or Pay Level					
	Starting		Per			<i>(If Government Service)</i>					
	Final		Per	Name and Address of Employer				Name, Title and Address of Immediate Supervisor			
	Reason for Leaving						Number and kind of employees supervised				
Description of Work:											

33.	Dates of Employment ( <i>Month, Year</i> )		Position Title		Do not write in this space
	From	To			
	Salary		Place of Employment	Grade or Pay Level ( <i>If Government Service</i> )	
	Starting	Per			
	Final	Per			
Name and Address of Employer			Name, Title and Address of Immediate Supervisor		
Reason for Leaving				Number and kind of employees supervised	
Description of Work:					
34.	Dates of Employment ( <i>Month, Year</i> )		Position Title		Do not write in this space
	From	To			
	Salary		Place of Employment	Grade or Pay Level ( <i>If Government Service</i> )	
	Starting	Per			
	Final	Per			
Name and Address of Employer			Name, Title and Address of Immediate Supervisor		
Reason for Leaving				Number and kind of employees supervised	
Description of Work:					
35.	Dates of Employment ( <i>Month, Year</i> )		Position Title		Do not write in this space
	From	To			
	Salary		Place of Employment	Grade or Pay Level ( <i>If Government Service</i> )	
	Starting	Per			
	Final	Per			
Name and Address of Employer			Name, Title and Address of Immediate Supervisor		
Reason for Leaving				Number and kind of employees supervised	
Description of Work:					

36.	Dates of Employment ( <i>Month, Year</i> )		Position Title		Do not write in this space	
	From	To				
	Salary		Place of Employment	Grade or Pay Level <i>(If Government Service)</i>		
	Starting	Per				
	Final	Per				
Name and Address of Employer			Name, Title and Address of Immediate Supervisor			
Reason for Leaving				Number and kind of employees supervised		
Description of Work:						
37.	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 have listed under item 31.					
	Full Name		Present Address		Business or Occupation	
38.	May your present employer be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
39.	Space for detailed answers (Indicate item numbers to which answer applies.)					
Item #	Detailed answers					
<p>Attention: Read the following carefully before signing this application</p> <p>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 Yap State Government or for dismissing you from employment with the government after appointment. All statements made in this application are subject to investigation, including a check of records and former employers. All information pertinent to this application will be considered in determining your present fitness for Yap State Government employment.</p> <p>Certification</p> <p>I certify that I have read and understand 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.</p>						
Please Sign Here	Signature of Applicant ( <i>Do NOT print</i> )			Date ( <i>Month, day, year</i> )		