

## FSM NATIONAL GOVERNMENT

Department of Finance & Administration
Division of Personnel
P.O. Box PS 35
Palikir, Pohnpei FM 96941

FSM FORM NO. 3002

## APPLICATION FOR EMPLOYMENT

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| 8. OTHER JOI   | S IN WHICH                                     | YOU AR                              | E INTERES  | TED   | <u></u>                               | <del>-</del>                        | <del></del>                       |  |                                       |                                    | <u> </u>                             |                                       |                                       |        |
| 4. NAME (FIR   | ST, Middle, N                                  | Maiden, L                           | ast)   |   |                                       |                                     | ·                                 | 5. S(                                  | OCIAL S                               | ECURIT                             | Y NUMBE                              | R                                     |                                       |        |
| 6. MAILING A   | ADDRESS (P.                                    | O. Box N                            | lumber or N  | umber and S   | treet)                                | <u></u>                             |                                   |  | HONE N                                | UMBER                              | S                                    |                                       |                                       |        |
| 8. MUNICIPA  | LITY AND S                                     | State                               | (or City and   | State)  | · · · · · · · · · · · · · · · · · · · |                                     | ZIP CC                            | DE                                     | Work                                  |                                    |                                      |                                       | 9. CITIZI<br>FSM                      | ENSHIP |
| 10. AGE  | 11.BIRTH                                       | DATE (M                             | onth, Day, Y   | (ear)   |                                       |                                     | 12.BIR7                           | THPLACE                                |                                       |                                    | ·                                    | ·····                                 | United<br>States<br>Other             |        |
| 13.HEIGHT  | 14.WEIGH                                       | T                                   | 15. SEX<br>Male  | C) Fer  | nale l                                |                                     | 4                                 | RITAL ST.<br>orced, Sepa               | •                                     | larried, S                         | Single, Wide                         | owed                                  | 4                                     |        |
| 17. INDICATE B<br>MUNICIPALIT<br>CITY OR STAT  | Y AND  | PER                                 | LMANENTI   | RESIDENCE   |                                       |                                     | PRESENT                           | T RESIDE:                              | NCE                                   |                                    |                                      | r YO                                  | AYS ABLE<br>U (Name, A                |        |
| 19. LIST THE   | SM LANGU                                       | AGES YO                             | OU KNOW  |   | <u> </u>                              | •                                   |                                   | nowledge<br>per column<br>Underst      | ns.                                   |                                    |                                      |                                       |                                       |        |
|  | EN   | GLISH                               |  |   |                                       |                                     |                                   |  |                                       |                                    |                                      |                                       |                                       |        |
|  |  |                                     |  |   |                                       |                                     |                                   |  |                                       | rendition recognization.           |                                      |                                       | THER NAME                             |        |
| 21. WITHIN THI<br>YEARS HAV  |  | •                                   | BEEN FIRE  |   |                                       |                                     | QUIT A<br>AVOID I                 | JOB TO<br>BEING FII                    | D E D 2                               | res 🗆                              | OF AN                                | OF.                                   | IVICTED<br>FENSE OR                   | Yes 🗆  |
| 22. HAVE YOU ANY PHYSICAL  HANDICAP, CHRONIC DISEASE  OR OTHER DISABILITY?  No  BREAKD |  |                                     |  | NER   | VOUS                                  |                                     | Yes                               |  | HAVE                                  | YOU EVE<br>TUBERCUI                | R                                    | S?                                    | Yes'                                  |        |
| If your answer   | is "yes" to 21                                 | 1, 22, 23,                          | or 24, give o  | letails in iten   | n 33.                                 |                                     |                                   |  | <del></del>                           |                                    |                                      | <u> </u>                              | · · · · · · · · · · · · · · · · · · · |        |
| 25. LOWEST PA  | Y YOU WILI                                     | ACCEPT                              |  | 26. WILL Y  | IT UC                                 | RAVEL?                              | (Check o                          | ne)                                    | 27.                                   | WHEN V                             | VILL YOU                             | BE A                                  | VAILABLI                              | E?     |
| \$   |  | P                                   | er   | None 🗆  | S                                     | ome [                               | ) Often                           |  |                                       |                                    |                                      |                                       |                                       |        |
| 28. LAST PREV  | IOUS EMPL                                      | OYMEN                               | F WITH GC  | WERNMEN   | TOF                                   | THE PS                              | M OR O                            | THER GO                                | VERME                                 | NTS.                               |                                      |                                       | -<br>                                 |        |
| Job Title  |  |                                     |  | G   | rade                                  | From (Month, Year) To (Month, Year) |                                   |  | th, Year)                             |                                    |                                      |                                       |                                       |        |

| 1  | h School  |  |   | (ľ  | )Name and I                                      | Location of l                        | ast School atte                              | ended  |  |                    |
|--|---|--|---|---|--|--------------------------------------|--|--|--|--------------------|
| Highest grade  |   | If graduated,  | ·   |   |  |                                      |  |  |  |                    |
| completed  |   | give date  |   |   | 1  |                                      |  |  | T ,                                      | 1,                 |
| (C) Name and Location  | _   | or   | Dates at  | <u> </u>  | Years co   | ompleted                             |  | ompleted   | Type<br>of                               | Year<br>of         |
| University attende   | ed  | ······································   | From  | То  | Day  | Night                                | Semester<br>Hours                            | Quarter<br>Hours   | degree                                   | degre              |
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| (D) Chief undergradi   | uate college su   | ibjects  | Credits co  | <del>-</del>                                    | (E) Chief graduate college subjects              |                                      |  |  | Credits                                  | <del>-</del>       |
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| (F) Name and location of other schools attended (trace business, military, correspondence)   |   |  | de, vocational,                                   | , , , , , , , , , , , , , , , , , , ,           |  | tended<br>Subject studied            |  | lied   | If Certificate received, give            |                    |
| business, innitiary,   | Corresponden  |  |   | From  | То   |                                      |  | · · · · · · · · · · · · · · · · · · ·                          | date                                     | _                  |
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| (G) Special qualification eq   |   |  | perate office m                                   | achines, da                                     | ta processing                                    | equipment,                           | vehicles,                                    |  | Words pe<br>minute                       | r                  |
| Construction eq  | uipment, etc.   | ,  |   |   |  |                                      |  |  | mmucc                                    |                    |
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| 30.<br>EXPERIENCE: Fill in   | n each block o  | arefully and com   | pletely. Start w                                  | ith your pr                                     | esent or most                                    | recent emp                           | loyer and work                               | c back, Desc   | cribe all of                             | your wo            |
| 30. EXPERIENCE: Fill in listing your most imp  | n each block o  | carefully and com<br>first. If you supe  | ervised other, e                                  | xplain your                                     | supervisory i                                    | responsibiliti                       | es. If work wa                               | c back, Desc   | ribe all of                              | your wo            |
| 30. EXPERIENCE: Fill in listing your most import of hours, worked per Work' box. Account   | n each block of ortant duties week. If you for all time ov                                    | carefully and comfirst. If you super worked under a ver the past ten year        | ervised other, e<br>nam <u>e differe</u> nt       | xplain your<br>from the                         | supervisory i<br>name in item                    | responsibiliti 4. print the          | es. If work wa                               | c back, Desc   | ribe all of                              | your wo            |
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| 30. EXPERIENCE: Fill in listing your most impof hours, worked per Work" box. Account  Dates of Employm From Salary Starting \$ Final \$ Name and Address of Reason for Leaving | n each block of cortant duties week. If you for all time over the cortant (Month, To present) | arefully and comfirst. If you super worked under a ver the past ten year)  sent  | name different<br>ears, including p<br>Position T | rplain your<br>from the<br>eriods of un<br>itle | supervisory name in item nemployment             | Grade or Pa<br>Government            | y Level (If t Service)  Sof Immediate        | back, Desc<br>s part-time,<br>at the end of<br>space           | ribe all of show avera of the "Des       | your wo            |
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|---|---|--|---------------------------------------|----------------------------|
| DATES OF EMPLOYMENT (Month,  2 From To    | Year) Position Title                                      |  |                                       | Do not write in this space |
| Salary                                    | Place of Employment                                       |  | Pay Level (If                         |                            |
| Starting \$ per<br>Final \$               | er  |  | ent Service)                          |                            |
| Name and address of employer              | <u> </u>  | Name, Title and Addre                        | ess of Immediate S                    | upervisor                  |
|   |   |  |                                       | •                          |
| Reason for Leaving                        |   |  | Number and Kind<br>Supervised         | of Employees               |
| Description of Work                       |   |  |                                       |                            |
|   |   |  |                                       |                            |
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| Dates of Employment (Month, Year)         | Position Title  |  |                                       | Do not write in this       |
| From To                                   |   |  |                                       | space                      |
| Salary                                    | Place of Employment                                       | Grade or P                                   | ay Level (If                          |                            |
| Starting \$ per                           |   | Governmen                                    | - ·                                   |                            |
| Final \$ per Name and Address of employer | · · · · · · · · · · · · · · · · · · ·                     | Name, Title and Addres                       | es of Immediate Su                    | inervisor                  |
|   | -   |  |                                       |                            |
| Reason for Leaving                        |   |  | Number and Kind<br>Supervised         | of Employees               |
| Description of Work                       |   | L  | ·                                     |                            |
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| Starting \$ Final \$                                   |   | <b>.</b>  | •  | ,                                       |                                       |  |
| Final \$   |   | Place of Employment                                       | i .  | Pay Level (If                           |                                       |  |
| · · · · · · · · · · · · · · · · · · ·                  | · per   |   | GOACIUII                                   | ent Service)                            |                                       |  |
| Name and address of E                                  | per   | `   |  |   |                                       |  |
|  | Employe   |   | Name, Title and Add                        | ress of Immediate Su                    | pervisor                              |  |
|  | •   |   |  |   |                                       |  |
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| Reason for Leaving                                     | · · · · · · · · · · · · · · · · · · ·               |   | <u> </u>                                   | Number and Kind of Supervised           | f Employees                           |  |
|  | ·   | · · · · · · · · · · · · · · · · · · ·                     | · · <del></del>                            | Supervised                              |                                       |  |
| Description of Work                                    |   |   |  |   |                                       |  |
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|  |   |   |  |   | •                                     |  |
| 31. LIST THREE PE                                      | RSONS NOT RELATED TO                                | O YOU WHO HAVE DEFIN                                      | ITE KNOWLEDGE O                            | F YOUR QUALIFICA                        | ATIONS                                |  |
| AND FITNESS F  | OR THE JOB FOR WHICH                                | YOU ARE APPLYING. D                                       | o not list supervisors y                   | ou listed under Item ?                  | 30.                                   |  |
| Full   | Name  | Present ad  | dress                                      | Business or occupation                  |                                       |  |
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| 32 MAV VOIIR PRE                                       | SENT EMPLOYER BE CO                                 | NTACTED? Yes [  | No □                                       |   |                                       |  |
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| Item   | AILED ANSWERS (Indicas                              | te Item number to which ans                               | wer applies.)                              |   |                                       |  |
| Number   | <del></del>   | ·   | ·  | ₽ <sup>7</sup>                          |                                       |  |
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|  | ATTENTION: READ                                     | THE FOLLOWING CAREFI                                      | ALLY BEFORE SIGN                           | ING THIS ADDITIONS                      | rinn                                  |  |
|  |   |   |  | τ                                       |                                       |  |
| A talse answer or                                      | statement, or attempt to p                          | ractice deception or fraud i                              | n this application is g                    | rounds for rating you                   | ineligible for employe                |  |
| statements made i                                      | n this application are subj                         | es of Micronesia, or for dispect to investigation, includ | ing a check of court                       | records and former of                   | moloware All informa                  |  |
| pertinent to this a                                    | ippiication will de conside                         | red in determining your pr                                | esent fitness for emp                      | loyment with the Go                     | vernment of the Feder                 |  |
| States of Micronesi                                    | â   | CERTIFIC  |  | • • • • • • • • • • • • • • • • • • •   |                                       |  |
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| I CERTIFY that I this application are                  | have read and understood true, complete and correct | the foregoing paragraph. It to the best of my knowledg    | FURTHER CERTIFY<br>e and belief and are ma | that all of the answade in good faith.  | ers and statements mad                |  |
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| SIGN   | ure of Applicant (Do not p                          | 71 188 L J  |  | Date (Month, Date                       | , Year)                               |  |

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