



SOKEHS MUNICIPAL GOVERNMENT

Sokehs Municipality
STATE OF POHNPEI

FEDERATED STATES OF MICRONESIA 96941

Office of the Chief Magistrate

P.O. Box 2247
Tel: 691-320-3616
E-mail: sokehsgovt.gmail.com

APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: READ THE CERTIFICATION CAREFULLY AT THE BOTTOM 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 RETURN TO SOKEHS MUNICIPAL GOVERNMENT, ADMINISTRATION OFFICE.

Position applied for:	Citizenship:
APPLICANT'S NAME (Last, First, Middle)	SOCIAL SECURITY NO:
ADDRESS (Village, Island, State)	DATE OF BIRTH:
	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
PHONE: Home:	MARTIAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separate <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Mobile:	
EMAIL ADDRESS:	Desired Salary: \$

Are you a citizen of the FSM? YES NO *If no, are you authorized to work in the FSM.?* YES NO

Have you ever worked for this Government? YES NO *If yes, when?* _____

Have you been fired for any reason? YES NO

If yes, explain:

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

Official school transcript and diploma or certificate must be attached to this application upon submission for all education and training claimed under this section.

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB WHICH YOU ARE APPLYING. Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Describe all of your work, 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.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____