



**COLLEGE OF MICRONESIA-FSM**

P.O. Box 159, Kolonia, Pohnpei FSM 96941

Tel: 320-2480/2481/2482 Fax: 320-2479

**EMPLOYMENT APPLICATION**

<b>GENERAL INSTRUCTIONS:</b> Type or print all answers clearly. Attach College or University transcripts, resume, and three reference letters to application.	
<b>POSITION APPLYING FOR:</b>	EO No.

1. <b>NAME</b> ( <i>First, Middle, Maiden, Last</i> )	2. <b>SOCIAL SECURITY NUMBER</b>  USA  FSM
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3. <b>MAILING ADDRESS</b> ( <i>P.O. Box Number or Number and Street</i> ) <b>Zip Code</b>	4. <b>PHONE NUMBERS</b>  Home: Work:
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5. <b>AGE</b>	6. <b>BIRTHDATE</b> ( <i>Month, Day, Year</i> )	7. <b>MARITAL STATUS</b>	8. <b>SEX</b>
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9. **EDUCATION AND TRAINING** (*Start with present or most recent education and work back*)

	Degree	Year	Major

**Special qualifications, skills, honors** (*licenses: operate office machines, data processing equipment, vehicles, construction equipment etc.*)

10. **EXPERIENCE:** *Fill in each block carefully and completely. Start with your present or most recent employer and work back. Describe your work, listing your most important duties first. If you supervised others, explain your supervisory responsibilities. If you worked under a name different from the name in item 1, 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. Attach additional worksheets as necessary.*

From	To	Position Title
Name, Address and Phone number of Employer	Pay Rate/Salary	Hours/Week

<b>Name, Title and Address of Immediate Supervisor</b>		
<b>Reason for Leaving</b>	<b>Number and Kind of Employees Supervised</b>	
<b>Description of Work</b>		
<b>From</b>	<b>To</b>	<b>Position Title</b>
<b>Name, Address and Phone number of Employer</b>	<b>Pay Rate/Salary</b>	<b>Hours/Week</b>
<b>Name, Title and Address of Immediate Supervisor</b>		
<b>Reason for Leaving</b>	<b>Number and Kind of Employees Supervised</b>	
<b>Description of Work</b>		
<b>From</b>	<b>To</b>	<b>Position Title</b>
<b>Name, Address and Phone number of Employer</b>	<b>Pay Rate/Salary</b>	<b>Hours/Week</b>
<b>Name, Title and Address of Immediate Supervisor</b>		
<b>Reason for Leaving</b>	<b>Number and Kind of Employees Supervised</b>	
<b>Description of Work</b>		
<b>From</b>	<b>To</b>	<b>Position Title</b>
<b>Name, Address and Phone number of Employer</b>	<b>Pay Rate/Salary</b>	<b>Hours/Week</b>

<b>Reason for Leaving</b>		<b>Number and Kind of Employees Supervised</b>	
<b>Description of Work</b>			
<b>From</b>	<b>To</b>	<b>Position Title</b>	
<b>Name, Address and Phone number of Employer</b>		<b>Pay Rate/Salary</b>	<b>Hours/Week</b>
<b>Name, Title and Address of Immediate Supervisor:</b>			
<b>Reason for Leaving</b>		<b>Number and Kind of Employees Supervised</b>	
<b>Description of Work</b>			
11. <b>REFERENCES:</b> <i>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 10.</i>			
<b>Full Name</b>	<b>Present Address &amp; Phone #</b>	<b>Business or Occupation</b>	
12. <b>MAY YOUR PRESENT EMPLOYER BE CONTACTED:</b> Yes " No "			
13. <b>WHEN WILL YOU BE AVAILABLE?</b>			
14. <b>OFF-ISLAND APPLICANTS:</b> <i>List name and age of family members who will accompany you.</i>			
<b>Name</b>	<b>Age</b>	<b>Relationship</b>	

**15. LIST ANY HEALTH PROBLEMS THAT WILL NEED SPECIAL ATTENTION:** *(regular, prescription, medications etc.)*

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

*Any attempt to practice deception or fraud is grounds for rating you ineligible for employment with the College of Micronesia-FSM or for dismissing you from employment with the College 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 College. Please note, this application will only be considered for the job listed on page one. Applications may be kept on file but there is no guarantee. If you want to be considered for another position you must re-submit your application package.*

<b>PLEASE SIGN HERE</b>	<b>SIGNATURE OF APPLICANT</b> (Do not print)	<b>DATE</b> (Month, day, year)
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**\*COMFSM Personnel Office only accepts email attachments in MS Word (Versions 97, 2000, XP) and Adobe Acrobat.**