



An equal opportunity employer

**COLLEGE OF MICRONESIA-FSM**  
 P.O. Box 159, Kolonia, Pohnpei FSM 96941  
 Tel: 320-2480/2481/2482 Email: hro@comfsm.fm

**EMPLOYMENT APPLICATION**

<b>GENERAL INSTRUCTIONS:</b>	Type or print all answers clearly. If handwritten, use black or blue ink only. A complete application packet is considered complete when all the required documents listed on each vacancy announcement are submitted to HRO. This application form must be fully completed and signed, in order to be acceptable.
<b>POSITION APPLYING FOR:</b>	EO No.

**Section A. Personal Information**

Please Print Name: Last		First		Middle	
Mailing Address: P.O. Box Number/Street No.		City		State Zip	
Date of Birth: [Month/Date/ Year]		Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone/Cell Phone ( ) ( )		Business Phone ( ) ( )		E-mail Address	
Name and phone number of person who would take a message if we are otherwise unable to contact you:					
<b>For non-FSM &amp; US applicants:</b>					
Is there any reason you are aware of that would prevent you from being legally authorized to work in the Federated States of Micronesia. YES <input type="checkbox"/> or NO <input type="checkbox"/> If yes, please state the reason below.					
If you are hired by the College of Micronesia, will you be able to provide documents required to apply for work permit or to verify your identity such as passports, social security numbers, etc. <input type="checkbox"/> YES or <input type="checkbox"/> NO					
Have you previously been employed by or contracted with the College of Micronesia-FSM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If so, when? Start date: _____ End date: _____ Which Campus? _____ What position did you hold? _____					
How were you referred to the College of Micronesia-FSM? <input type="checkbox"/> COM-FSM website <input type="checkbox"/> <a href="http://www.higheredjobs.com">www.higheredjobs.com</a> <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Others, Specify referral source: _____					

**Section B. Academic Achievements and other Skills**

**EDUCATION AND TRAINING** (Start with present or most recent education and work back)

Full Name and Address of School	Degree earned	Years attended	Major
1.			
2.			
3.			
4.			

<b>Special qualifications, skills, honors</b> (computer programs, licenses to operate office machines, data processing equipment, vehicles, construction equipment etc.)
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**Section C. Work Experiences**

**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 on page 1, print the former name at the end of the "duties" box. Account for all time over the past ten years, including periods of unemployment. Attach additional worksheets as necessary. If you have more than 3 previous employers, make copies of this section of the application to fit those additional previous employment experiences.

<b>Name of employer</b>		Contact Information	Type of business
Name of immediate supervisor		Supervisor's title, telephone number & email address	
Title of your position	Reason for leaving		
Starting date	Final date	Pay rate	Hours worked per week
Duties			
.....			
.....			
May we contact your present employer? [ ] Yes [ ] No [ ] Please contact me first			

<b>Name of employer</b>		Contact Information	Type of business
Name of immediate supervisor		Supervisor's title, telephone number & email address	
Title of your position	Reason for leaving		
Starting date	Final date	Pay rate	Hours worked per week
Duties			
.....			
.....			
May we contact this employer? [ ] Yes [ ] No [ ] Please contact me first			

<b>Name of employer</b>		Contact Information	Type of business
Name of immediate supervisor		Supervisor's title, telephone number & email address	
Title of your position	Reason for leaving		
Starting date	Final date	Pay rate	Hours worked per week
Duties			
.....			
.....			
May we contact this employer? [ ] Yes [ ] No [ ] Please contact me first			

**Section D. Professional References**

**REFERENCES:** List three persons not related to you who have definite knowledge of your qualifications and fitness for the job for which you are applying.

Name	email address	phone	Business relationship	Company name
1.				
2.				
3.				

**Section E. Felony or Crime**

Have you been deported from the US or its territories in the last ten years?  YES  NO

If you answer YES above, explain the reason for your deportation below and note the year.

Have you been convicted of a felony or a crime involving moral turpitude within the last ten years?  YES  NO

If yes, please provide the details below.  
 ["Felony" means any crime which is punishable by imprisonment for more than one year. A definition could be a misdemeanor involving moral turpitude is a crime involving fraud, theft or engaging in a crime to intentionally harm another person.]

**Section F. Date Available to Start and Family Members Traveling with You if Hired.**

**WHEN WILL YOU BE AVAILABLE?**

**OFF-ISLAND APPLICANTS:** List name and age of family members who will accompany you.

Name	Age	Relationship

**Section G. Warning and Signature**

**ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION**  
 Any false, deceptive, misleading or fraudulent answers are 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 will be kept on file for one year. If you want to be considered for another position you must re-submit an interest letter plus updated information & refer to the EO. No. of previous position and desired current position.

<b>PLEASE SIGN HERE</b>	<b>SIGNATURE OF APPLICANT</b> (Do not print)	<b>DATE</b> (Month, day, year)
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