



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

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 FSM NATIONAL GOVERNMENT, OFFICE OF ADMINISTRATIVE SERVICES, P.O. BOX PS35, PALIKIR, POHNPEI 96941 . IF YOU CHANGE YOUR ADDRESS, NOTIFY THE OFFICE WHERE YOU FILE THIS. IF MORE SPACE IS REQUIRED FOR ANY ANSWER, USE ITEM 33.							DO NOT WRITE IN THIS SPACE
1. KIND OF JOB APPLIED (or Title of Examination)				2. ANNOUNCEMENT NUMBER			
3. OTHER JOBS IN WHICH YOU ARE INTERESTED							
4. NAME (FIRST, Middle, Maiden, Last)				5. SOCIAL SECURITY NUMBER			
6. MAILING ADDRESS (P.O. Box Number or Number and Street)				7. PHONE NUMBERS Home:			
8. MUNICIPALITY AND STATE (or City and State) ZIP CODE				Work:		9. CITIZENSHIP FSM <input type="checkbox"/> United States <input type="checkbox"/> Other <input type="checkbox"/> Specify	
10. AGE	11. BIRTHDATE (Month, Day, Year)		12. BIRTHPLACE				
13. HEIGHT	14. WEIGHT	15. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>		16. MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)			
17. INDICATE BY MUNICIPALITY AND CITY OR STATE PLACE OF		PERMANENT RESIDENCE		PRESENT RESIDENCE		18. PERSON ALWAYS ABLE TO CONTACT YOU (Name, Address, Phone Number)	
19. LIST THE FSM LANGUAGES YOU KNOW		Indicate your knowledge by placing "X" in the proper columns.					
ENGLISH		Read	Speak	Understand	Write	20. LIST ALL OTHER NAMES YOU ARE OR HAVE BEEN KNOWN BY	
21. WITHIN THE LAST FIVE YEARS: a) BEEN FIRED FOR ANY REASON? Yes <input type="checkbox"/> No <input type="checkbox"/> b) QUIT A JOB TO AVOID BEING FIRED? Yes <input type="checkbox"/> No <input type="checkbox"/> c) BEEN CONVICTED OF AN OFFENSE OR FORFEITED BAIL? Yes <input type="checkbox"/> No <input type="checkbox"/>							
22. HAVE YOU ANY PHYSICAL HANDICAP, CHRONIC DISEASE OR OTHER DISABILITY? Yes <input type="checkbox"/> No <input type="checkbox"/>			23. HAVE YOU EVER HAD A NERVOUS BREAKDOWN? Yes <input type="checkbox"/> No <input type="checkbox"/>		24. HAVE YOU EVER HAD TUBERCULOSIS? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If your answer is "yes" to 21, 22, 23 or 24, give details in item 33.							
25. LOWEST PAY YOU WILL ACCEPT \$ _____ per			26. WILL YOU TRAVEL? (Check one) None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>		27. WHEN WILL YOU BE AVAILABLE?		
28. LAST PREVIOUS EMPLOYMENT WITH GOVERNMENT OF THE FSM OR OTHER GOVERNMENTS.							
Job Title		Grade		From (Month, Year)		To (Month, Year)	

29. EDUCATION AND TRAINING (Official school transcript and diploma or certificate must be attached to this application upon submission for all education and training claimed under C through F).											
(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		Year 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 (trade, vocational, business, military, correspondence)				Date attended		Subject studied				If Certificate received, give date	
				From	To						
(G) Special qualifications, skills, honors (licenses; operate office machines, data processing equipment, vehicles, construction, equipment; etc.,)									words per minute		
									Typing		Shorthand
DO NOT WRITE IN THIS SPACE											
30. EXPERIENCE: Fill in each block carefully and completely. Start with your present or most recent employer and work back. Described 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. 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.											
1	Dates of Employment (Month, Year) From _____ To Present _____					Position Title					Do not write in this space
Salary				Place of Employment			Grade or Pay Level (If Government Services)				
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											
IF ADDITIONAL SPACE IS NEEDED FOR EDUCATION OR EXPERIENCE, USE A PLAIN PIECE OF PAPER APPROXIMATELY THE SIZE OF THIS PAGE AND ATTACH HERE. PRINT YOUR NAME ON EACH SHEET.											

2	Dates of Employment (Month, Year) From _____ To Present _____	Position Title	Do not write in this space
Salary	Place of Employment	Grade or Pay Level (If Government Services)	
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			
3	Dates of Employment (Month, Year) From _____ To Present _____	Position Title	Do not write in this space
Salary	Place of Employment	Grade or Pay Level (If Government Services)	
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			
4	Dates of Employment (Month, Year) From _____ To Present _____	Position Title	Do not write in this space
Salary	Place of Employment	Grade or Pay Level (If Government Services)	
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			

5	Dates of Employment (Month, Year) From _____ To Present _____	Position Title	Do not write in this space
Salary	Place of Employment	Grade or Pay Level (If Government Services)	
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			
31. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB WHICH YOU ARE APPLYING. Do not list supervisors you listed in Item 30.			
Full Name	Present Address	Business or occupation	
32. MAY YOUR PRESENT EMPLOYER BE CONTACTED? Yes <input type="checkbox"/> No <input type="checkbox"/>			
33. SPACE FOR DETAILED ANSWERS (Indicate Item number to which answer applies.)			
Item Number			
ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.			
<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 Government of the Federated States of Micronesia, or for dismissing you from employment with the FSM 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 Government of the Federated States of Micronesia.</p>			
CERTIFICATION			
<p>I CERTIFY that I have read and understood 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	Signature of Applicant (Do not print)	Date (Month, Day, Year)	