

YAP STATE PUBLIC SERVICE CORPORATION PERSONNEL SECTION

APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: READ THE CERTIFICATE AT THE END OF THIS APPLICATION BEFORE FILING IT IN. TYPE OR PRINT ALL ANSWERS CLEARLY WITH A DARK BALLPOINT PEN. ANSWER ALL QUESTIONS FULLY AND ACCURATELY. FILL IN, SIGN, AND RETURN TO YOUR SERVICING PERSONNEL OFFICE, OR TO ANY FSM LIAISON OFFICE CLOSE TO YOU. IF YOU CHANGE YOUR ADDRESS, NOTIFY THE OFFICE WHERE YOU FILED THIS. IF MORE SPACE IS REQUIRED FOR ANY ANSWER, USE ITEM 32.								DO NOT WRITE IN THIS SPACE		
1	(a) NAME (First, Middle, Maiden, Last)				(b) Official or legal name if different from box(a)					
2)	SOCIAL SECURITY NUMBER									
3)	KIND OF JOB APPLIED FOR (or Title of Examination)				4) ANNOUNCEMENT NUMBER		9) CITIZENSHIP FSM <input type="checkbox"/>			
5)	OTHER JOBS IN WHICH YOU ARE INTERESTED							UNITED STATES <input type="checkbox"/>		
6)	MAILING ADDRESS (P.O. Box Number or Number and Street)				7) PHONE NUMBER Home _____			OTHER SPECIFY <input type="checkbox"/> _____		
8)	MUNICIPALITY AND STATE				Work _____			18) PERSON ALWAYS ABLE TO CONTACT YOU		
10)	AGE	11) BIRTHDAY (Month, Day, Year)			12) BIRTHPLACE			(Write Name, Address, Phone Number)		
13)	HEIGHT	14) WEIGHT	15) SEX Male: _____ Female: _____		16) MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)					
17)	INDICATE BY MUNICIPALITY AND SITE. PLACE OF		LOCAL RESIDENCE			PERMANENT RESIDENCE				
19)	LISTS THE FSM LANGUAGES YOU KNOW				Indicate your knowledge by placing "X" in the proper columns				20) LISTS ALL OTHER NAMES YOU ARE OR HAVE BEEN KNOWN BY	
					Read	Speak	Understand			
	ENGLISH									
21)	WITHIN THE LAST FIVE YEARS HAVE YOU: 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 ANY CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/>									
22)	HAVE YOU ANY PHYSICAL HANDICAP, CHONIC 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				26) WILL YOU TRAVEL? YES <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>			27) WHEN WILL YOU BE AVAILABLE		

28). EDUCATION AND TRAINING (Attach College transcript to application)													
(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					Date attended		Year completed		Years completed		type of	Year of	
					From	To	Day	Night	Sem hours	Qtr. hours			
(D) Chief undergraduate college subject					credit completed		(E) Chief graduate college subjects					Credits completed	
					Sem.hr	Qtr.hrs.						Sem.hr	Qtr. hrs
(F) Name and location of other schools attending (trade, vocation, business					Dates attended		Subjects studied					If certificate received, give date	
military, correspondence)					From	To							
(G) Special qualifications, skills, honors (licenses; operate office machines, data processing equipment, vehicles, construction & equipment: etc.)										Words per minute			
										Typing	Short-hand		
DO NOT WRITE IN THIS SPACE													
29). EXPERIENCE: Fill in each block carefully and completely. Start with your present or most recent employer and work back. Describe all of your work, listing your most important duties first. If you supervised others, explain your supervisory responsibilities. If work was part-time, show average number of hours worked per week. If													
1	Dates of Employment (Month, Year)				Position Title					Do not write in this			
	From		To present										
	Salary Starting \$ per				Place of employment			Grade or Pay Level (If Government Service)					
Name and address of employer						Name, Title and Address of Immediate Supervisor							
Reason for Leaving								Number and kind of Employees Supervised					
Description of work													

2	Dates of Employee (Month, Year) From To	Position Title		Do not write in this space
	Salary Starting \$ Per Final \$ Per	Place of Employment	Grade or Pay level (If Government Service)	
Name and address of employer			Name, Title and Address of Immediate Supervisor	
Reason for Leaving				
3	Dates of Employee (Month, Year) From To	Position Title		Do not write in this space
	Salary Starting \$ Per Final \$ Per	Place of Employment	Grade or Pay level (If Government Service)	
Name and address of employer			Name, Title and Address of Immediate Supervisor	
Reason for Leaving				
4	Dates of Employee (Month, Year) From To	Position Title		Do not write in this space
	Salary Starting \$ Per Final \$ Per	Place of Employment	Grade or Pay level (If Government Service)	
Name and address of employer			Name, Title and Address of Immediate Supervisor	
Reason for Leaving				
5	Dates of Employee (Month, Year) From To	Position Title		Do not write in this space
	Salary Starting \$ Per Final \$ Per	Place of Employment	Grade or Pay level (If Government Service)	
Name and address of employer			Name, Title and Address of Immediate Supervisor	
Reason for Leaving				

30	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 29.		
	Full Name	Present address	Business or occupation
31	MAY YOUR PRESENT EMPLOYER BE CONTACTED? Yes ___ No ___		
32	SPACE FOR DETAILED ANSWERS (Indicate Item number to which answer applies.)		
Item Number			
ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.			
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 Yap State Public Service Corporation or for dismissing you from employment with the YSPSC 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 Yap State Public Service Corporation employment.			
CERTIFICATION			
I CERTIFY that I have read and understand 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.			
PRINT NAME HERE:		SIGNATURE OF APPLICANT (Do not print)	DATE (Month, day, year)

