



Yap State Public Service Corporation

Personnel Section

Employment Application Form

Position Applied For:

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.

First Name _____ Middle Name _____ Last Name _____

Address _____ Social Security Number

City _____ State _____ Zip Code _____

Country _____ Home Phone _____ Work Phone _____

Age _____ Birth date _____ Birthplace _____ Height _____ Weight _____ Gender Male Female

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated			Citizenship <input type="checkbox"/> FSM <input type="checkbox"/> United States <input type="checkbox"/> Other Specify _____		Present Residence _____ Permanent Residence _____
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Person always able to contact you:
(Name, address & Phone Number) _____

Aliases (other names you are known by or have used) _____

List Languages you know:

1. _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
2. _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
3. _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
4. _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
5. _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

Within the last five years, have you:

Been fired for any reason? Yes No

Quit any job to avoid being fired? Yes No

Been convicted of any crime Yes No

Do you have any disability? Yes No

Have you ever had a nervous breakdown? Yes No

Have you ever had Tuberculosis? Yes No

Will you be able to travel? Yes No Some Often

Lowest salary you will accept _____

When will you be able available to start? _____

Education and Training (Attach college transcript to application)

High school attended: _____ Highest level completed _____

Address _____ GPA _____ Year graduated _____

College or University attended _____ From _____ To _____

Address or location _____

Degree or major _____ GPA _____

College or University attended _____ From _____ To _____

Address or location _____

Degree or major _____ GPA _____

College or University attended _____ From _____ To _____

Address or location _____

Degree or major _____ GPA _____

Other training _____ From _____ To _____

Address _____

Certification _____ Certification date _____

Special qualifications, skills, honors, etc. _____

Current Employment

Company (most recent employer) _____

Address _____ Phone _____

Job titled / Duties performed _____ From _____ To _____

Starting Pay _____ Ending Pay _____ Government grade or pay level _____

Number of employee supervised _____ Name of supervisor _____ May we contact your present employer? _____

Responsibilities _____

Most Recent Employment

Company (most recent employer) _____

Address _____ Phone _____

Job titled / Duties performed _____ From _____ To _____

Starting Pay _____ Ending Pay _____ Government grade or pay level _____

Number of employees supervised _____ Name of supervisor _____ May we contact this employer? _____

Responsibilities _____

Reason for leaving _____

Second Most Recent Employment

Company (most recent employer) _____

Address _____ Phone _____

Job titled / Duties performed _____ From _____ To _____

Starting Pay _____ Ending Pay _____ Government grade or pay level _____

Number of employees supervised _____ Name of supervisor _____ May we contact this employer? _____

Responsibilities _____

Reason for leaving _____

Third Most Recent Employment

Company (most recent employer) _____

Address _____ Phone _____

Job titled / Duties performed _____ From _____ To _____

Starting Pay _____ Ending Pay _____ Government grade or pay level _____

Number of employees supervised _____ Name of supervisor _____ May we contact this employer? _____

Responsibilities _____

Reason for leaving _____

Reference

List three people not related to you and who have definite knowledge of your qualifications and fitness for the job for which you are applying. Do not list supervisors that you have already listed under employment section.

Full Name _____ Address _____ Occupation _____

Full Name _____ Address _____ Occupation _____

Full Name _____ Address _____ Occupation _____

Full Name _____ Address _____ Occupation _____

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 statement 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 _____

Date _____

Signature _____

The applicant is seeking employment with the Yap State Public Service Corporation. Prior to hiring qualified individuals, YSPSC requires clearance from the Division of Public Safety, Yap State. Prior police record is very essential in determining the qualifications of the applicant. Whatever information given will only be used by the management and will remain confidential.

Attach Police Clearance