



**MINISTRY OF FINANCE
BUREAU OF PUBLIC SERVICE SYSTEM
Division of Employment Services & Office of Citizen Job Placement
EMPLOYMENT APPLICATION**

Instructions: Complete all sections and certifications at the end. Incomplete applications will not be processed. Provide all necessary school transcript/degree. Only original transcripts and/or medical test results in a sealed envelope from the school/institution will be accepted.

PERSONAL INFORMATION:

Name (Last, First, Middle Initial):		Social Security # (ROP):	
Date of Birth:	Present Address:		
Phone #:	Email:	Date Available:	
Position Desired:	Vacancy # (if applicable):	Salary Desired:	

EDUCATIONAL HISTORY: Attach School Records

School Name and Address	Diploma/Major & Field of Study	Dates Attended	Year Graduated

Language Comprehension (Check all that apply)	Read	Write	Speak	Understand
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palauan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY: Attach Resume and/or List 3 Most Recent Employment Positions Starting with Current Occupation

Employer:	Dates Employed: _____ to _____	Current Salary:	Phone #:
Position Title:	List Key Duties:		
Supervisor Name:	Title:	May We Contact Him/Her? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Dates Employed: _____ to _____	Ending Salary:	Phone #:
Position Title:	List Key Duties:		
Supervisor Name:	Title:	May We Contact Him/Her? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Dates Employed: _____ to _____	Ending Salary:	Phone #:
Position Title:	List Key Duties:		
Supervisor Name:	Title:	May We Contact Him/Her? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please answer the following questions. Have you:

- | | | |
|---|---|-----------------------------|
| 1. Been fired for any reason | <input type="checkbox"/> YES; explanation: | <input type="checkbox"/> NO |
| 2. Quit a job to avoid being fired | <input type="checkbox"/> YES; explanation: | <input type="checkbox"/> NO |
| 3. Been Convicted and/or pled guilty to a felony? | <input type="checkbox"/> YES; where & when: | <input type="checkbox"/> NO |

PROFESSIONAL REFERENCES: List 3 Professional References who are not related to you (at least 2 Employers/Supervisors)

Name	Job Title	Phone # and Email

In Case of Emergency Contact: _____ Relationship: _____ Phone #: _____

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 ground for rating you ineligible for employment with the Public Service System or other Company, or for dismissing you from employment with PSS or the Company after appointment. All statements made in this application are subject to investigation, including a check for court records and former employers. All information pertinent to this application will be considered in determining your present fitness for employment.

CERTIFICATION

I CERTIFY that I have read and understand the above 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.

Signature of Applicant (Do Not Print)

Date