



**FSM TELECOMMUNICATIONS CORPORATION**

P.O. BOX 1210, KOLONIA, POHNPEI FM 96941  
 Phone: (691) 320-2740 Fax: (691)-320-2745  
 www.telecom.fm customerservice@mail.fm

**1 - 1/2" PHOTO**

**APPLICATION FOR EMPLOYMENT**

**GENERAL INSTRUCTIONS:** Read the certificate at the end of this application before filling it in. Answer all questions fully and accurately by typing or printing your answers clearly with a dark ballpoint pen. Sign and return this application to the Office of Administration, FSM Telecommunications Corporation Headquarters, at the above address, or to its respective stations in each of the States of the Federated States of Micronesia.

**THIS SPACE.**

1. KIND OF JOB APPLIED FOR (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 Work	
8. MUNICIPALITY AND DISTRICT (Or City and State)		ZIP CODE	
10. AGE	11. BIRTHDATE (Month, Day, Year)	12. BIRTHPLACE	
13. HEIGHT	14. WEIGHT	15. SEX Male ( ) Female ( )	16. MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)
17. INDICATE BY MUNICIPALITY AND DISTRICT OR CITY AND STATE PLACE OF		PERMANENT RESIDENCE	PRESENT RESIDENCE
19. LIST THE TRUST TERRITORY LANGUAGES YOU KNOW		Indicate your knowledge by placing "X" in the proper columns.	
ENGLISH		Read	Speak
		Understand	Write
21. WITHIN THE LAST FIVE YEARS HAVE YOU.....		c) BEEN FIRED FOR ANY REASON? Yes No	b) QUIT A JOB TO AVOID BEING FIRED? Yes No
24. HAVE YOU HAD ANY PHYSICAL HANDICAP, CHRONIC DISEASE OR OTHER DISABILITY?		Yes No	23. HAVE YOU EVER HAD A NERVOUS BREAKDOWN? Yes No
			22. HAVE YOU EVER HAD TUBERCULOSIS? Yes No
18. PERSON ALWAYS ABLE TO CONTACT YOU (Name, Address, Phone Number)			
20. LIST ALL OTHER NAMES YOU ARE OR HAVE BEEN KNOWN BY			
9. CITIZENSHIP FSM <input type="checkbox"/> United States <input type="checkbox"/> Other Specify <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. JOB TITLE _____		FROM (Month, Year) _____ TO (Month, Year) _____															
29. <b>EDUCATION AND TRAINING</b> (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  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Highest grade completed</td> <td style="width:20%;"></td> <td style="width:20%;">If graduated, give date</td> <td style="width:40%;"></td> </tr> </table>		Highest grade completed		If graduated, give date		(B) Name and Location of last school attended.											
Highest grade completed		If graduated, give date															
(C) Name and Location of College or University attended	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Dates Attended</th> <th colspan="2">Years Completed</th> <th colspan="2">Credits Completed</th> <th rowspan="2">Type of Degree</th> <th rowspan="2">Year of Degree</th> </tr> <tr> <th>From</th> <th>To</th> <th>Day</th> <th>Night</th> <th>Semester Hours</th> <th>Quarter Hours</th> </tr> </table>	Dates Attended		Years Completed		Credits Completed		Type of Degree	Year of Degree	From	To	Day	Night	Semester Hours	Quarter Hours		
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From	To	Day	Night	Semester Hours	Quarter Hours												
(D) Chief undergraduate college subjects	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Credits Completed</th> </tr> <tr> <th>Semester Hours</th> <th>Quarter Hours</th> </tr> </table>	Credits Completed		Semester Hours	Quarter Hours	(E) Chief Graduate College subjects.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Credits Completed</th> </tr> <tr> <th>Semester Hours</th> <th>Quarter Hours</th> </tr> </table>	Credits Completed		Semester Hours	Quarter Hours						
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Semester Hours	Quarter Hours																
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(F) Name and location of other schools attended (trade, vocational, business, military, correspondence).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Dates Attended</th> <th rowspan="2">\Subject Studied</th> <th rowspan="2">If certificate received, give date.</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </table>	Dates Attended		\Subject Studied	If certificate received, give date.	From	To										
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From	To																
(G) Special qualifications, skills, honors (Licenses, operate office machines, computers, data processing equipment, vehicles, construction equipment, etc)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Words Per minute</th> </tr> <tr> <th>Typing</th> <th>Shorthand</th> </tr> </table>			Words Per minute		Typing	Shorthand										
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30. <b>EXPERIENCE:</b> 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 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.																	
<b>YOU MAY BEGIN WITH PAGE 3. IF ADDITIONAL SPACE IS NEEDED FOR EDUCATION OR EXPERIENCE, PLEASE ATTACH YOUR RESUME FOR REFERENCE.</b>																	

<b>1</b>	DATES OF EMPLOYMENT (Month, Year)		Position Title
	From	To	
Salary		Place of Employment	
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			

<b>2</b>	DATES OF EMPLOYMENT (Month, Year)		Position Title
	From	To	
Salary		Place of Employment	
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			



