



An equal opportunity  
employer

**COLLEGE OF MICRONESIA-FSM**  
P.O. Box 159, Kolonia, Pohnpei FSM 96941  
Tel: 320-2480/2481/2482 Fax: 320-2479

## EMPLOYMENT APPLICATION

**GENERAL INSTRUCTIONS:** Type or print all answers clearly. Attach official College or University transcripts, resume, letter of interest, teaching philosophy (instructors) and three reference letters to application.

**POSITION APPLYING FOR:** \_\_\_\_\_ **EO No.** \_\_\_\_\_

### Personal Information

Please Print Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: P.O. Box Number/Street No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: [Month/Date/ Year] \_\_\_\_\_

Sex: \_\_\_\_\_

Social Security Number

USA: \_\_\_\_\_

FSM: \_\_\_\_\_

Home Phone

( ) \_\_\_\_\_

Business Phone

( ) \_\_\_\_\_

E-mail Address

Name and phone number of person who would take a message if we are otherwise unable to contact you: \_\_\_\_\_

### For non-FSM & US applicants:

Are you legally authorized to work in the Federated States of Micronesia? YES ☐ or NO ☐

If you are hired by the College of Micronesia, will you be able to provide documents establishing your legal right to live in the Federated States of Micronesia? ☐ YES or ☐ NO

Have you been employed by or contracted with the College of Micronesia-FSM? ☐ YES ☐ NO

☐ Full-time ☐ Part-time If so, when? Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Which Campus? \_\_\_\_\_  
What position did you hold? \_\_\_\_\_

How were you referred to the College of Micronesia-FSM? ☐ COM-FSM website ☐ [www.higheredjobs.com](http://www.higheredjobs.com) ☐ Others  
Specify referral source: \_\_\_\_\_

### EDUCATION AND TRAINING (Start with present or most recent education and work back)

Full Name and Address of School	Degree [earned]	Years attended	Major


**Special qualifications, skills, honors** (licenses: operate office machines, data processing equipment, vehicles, construction equipment etc.)

**EXPERIENCE:** Fill in each block carefully and completely. Start with your present or most recent employer and work back. Describe your work, listing your most important duties first. If you supervised others, explain your supervisory responsibilities. If you worked under a name different from the name on page 1, print the former name at the end of the "duties" box. Account for all time over the past ten years, including periods of unemployment. Attach additional worksheets as necessary.

<b>Name of employer</b>		Contact Information	Type of business
Name of immediate supervisor		Supervisor's title, telephone number & email address	
Title of your position	Reason for leaving		
Starting date	Final date	Pay rate	Hours worked per week
Duties			
May we contact your present employer? [   ] Yes [   ] No [   ] Please contact me first			

<b>Name of employer</b>		Contact Information	Type of business
Name of immediate supervisor		Supervisor's title, telephone number & email address	
Title of your position	Reason for leaving		
Starting date	Final date	Pay rate	Hours worked per week
Duties			
May we contact this employer? [   ] Yes [   ] No [   ] Please contact me first			

Name of employer		Contact Information	Type of business
Name of immediate supervisor		Supervisor's title, telephone number & email address	
Title of your position	Reason for leaving		
Starting date	Final date	Pay rate	Hours worked per week
Duties			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please contact me first			

<b>REFERENCES:</b> <i>List three persons not related to you who have definite knowledge of your qualifications and fitness for the job for which you are applying.</i>				
Name	email address	phone	Business relationship	Company name
1.				
2.				
3.				

<b>WHEN WILL YOU BE AVAILABLE?</b>		
<b>OFF-ISLAND APPLICANTS:</b> <i>List name and age of family members who will accompany you.</i>		
<b>Name</b>	<b>Age</b>	<b>Relationship</b>

18. <b>LIST ANY HEALTH PROBLEMS THAT WILL NEED SPECIAL ATTENTION:</b> <i>(regular, prescription, medications etc.)</i>
<b>ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION</b> <i>Any attempt to practice deception or fraud is grounds for rating you ineligible for employment with the College of Micronesia–FSM or for dismissing you from employment with the College 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 College. Please note, this application will only be considered for the job listed on page one. Applications may be kept on file for one year but there is no guarantee. If you want to be considered for another position you must re-submit an interest letter plus updated information &amp; refer to the EO. No. of previous position and desired current position.</i>

<b>PLEASE SIGN HERE</b>	<b>SIGNATURE OF APPLICANT</b> (Do not print)	<b>DATE</b> (Month, day, year)
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