



**FEDERATED STATES OF MICRONESIA
DEVELOPMENT BANK**

Corporate Office
P.O. Box M
POHNPEI, FSM 96941

E-MAIL: info@fsmdb.fm TELEPHONE (691)320-2840 – FAX (691) 320-2842

INSTRUCTIONS: TYPE OR PRINT IN INK ALL ANSWERS FULLY AND ACCURATELY. READ THE CERTIFICATION AT THE END OF THIS APPLICATION, SIGN AND RETURN TO FSMDB HEADQUARTERS OR TO THE ABOVE ADDRESS OR E-MAIL TO: info@fsmdb.fm . IF MORE SPACE IS REQUIRED FOR ANY ANSWER, REFER TO ITEM # 23.

PART A – PERSONAL Information

1. Position applied for:		2. Announcement No.:	
3. Name (First, Middle, Last)	4. Gender:	5. Marital Status:	
6. Address (P.O. Box Number & Street, City, State & Zip Code):		7. Phone Number / E-mail address: Home/Cell: Work: E-mail address:	
8. Permanent Residence /Present Residence:		9. Birth Place:	10. Date of Birth (MM/DD/YY) / /
11. Social Security Number: FSM: _____ US: _____		12. CITIZENSHIP <input type="checkbox"/> FSM <input type="checkbox"/> UNITED STATES <input type="checkbox"/> Others (<i>specify</i>) _____	

PART B – EDUCATIONAL & PROFESSIONAL QUALIFICATIONS

13. List all languages you are proficient in

No.	Language	Read	Write	Speak	Understand
1.	ENGLISH				
2.					
3.					
4.					

14. List full names of universities/colleges/schools/training attended

a. University/College/Schools	Degree/ Certificates	Major Course of Study		
b. Name of Training/Seminar	Dates	Location	Sponsored by	Type of award obtained

15. SPECIAL SKILLS, QUALIFICATIONS, ETC.

Category	Descriptions
Computer/ Software	
Other Office equipment	
Others (<i>specify</i>)	

PART C – EMPLOYMENT RECORD (Start with present or most recent and work back)

16. Name of Employer		Type of Business & Address	
Name & Title of Supervisor		Supervisor's Telephone number & email address	
Employment Date	Final Pay rate	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Major Duties:			
Reason for Leaving			

17. Name of Employer		Type of Business & Address	
Name & Title of Supervisor		Supervisor's Telephone number & email address	
Employment Date	Final Pay rate	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Major Duties			
Reason for Leaving			

PART D – OTHER

<p>18. Have you:</p> <p>a. Any physical disability or limitations.....Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. Been fired for any reason or suspended from your work?.....Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. Been forced to resign from your previous job?.....Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. Any legal proceeding pending against you at the time of this application?.....Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e. Ever been convicted of a felony?Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. If you checked YES to any question above, please provide details:</p>	<p>19. If you are selected for the above position:</p> <p>a. What is the lowest pay you will accept? \$ _____</p> <p><input type="checkbox"/> per hour <input type="checkbox"/> biweekly <input type="checkbox"/> annually</p> <p>b. When will your services be available? <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1month <input type="checkbox"/> Within 3 months</p> <p>20. Please note that Police Clearance will be required for the final selection of candidates.</p>
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21. List three (3) persons not related to you who have definite knowledge of your personal and professional qualifications.

Full Name	Present Address & Tel. & email	Occupation
1.		
2.		
3.		

22. May your present & previous employers be contacted?.....Yes No

23. Attach your Resume/Curriculum Vitae to this application form.

24. CERTIFICATION. I 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. I accept responsibility for dismissal from my job or any disciplinary action should any of the above statements be found incorrect or false.

<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date (MM/DD/YY)</p>
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