

FSM TELECOMMUNICATIONS CORPORATION

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				APPLIC	ATION	FOR	EMPL	OYMENT			
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 ESM Talcommunisations Compared on Handwarters, at the above address, or to its respective											
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 ADD	RESS (P.O	. Box Numbe	r or Number and	d Street)				7. PHON	IE NUME	BERS	
								Home			
8. MUNICIPALITY	Y AND DIS	STRICT (Or C	City and State)			ZIP C	ODE	Work			9. CITIZENSHIP
											FSM
10. AGE	11. BIR'	11. BIRTHDATE (Month, Day, Year) 12. BIRTHPLACE								United States	
13. HEIGHT	14. WEI	GHT	HT 15. SEX 16.					MARITAL STA			Other Specify
	Male () Female ()										
17. INDICATE BY MUNICIPALITY AND DISTRICT OR CITY AND STATE PLACE OF PERMANENT RESIDENCE PRESENT RESIDENCE					18.	CONTACT	LWAYS ABLE TO YOU (Name, one Number)				
19. LIST THE TRUST TERRITORY LANGUAGES YOU KNOW Indicate your knowledge by placing "X" in the proper columns.											
				Read	Speak	Speak Understand		Write			
ENGLISH											
							20.		OTHER NAMES OR HAVE BEEN Y		
	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 a) BEEN CONVICTED OF AN OFFENSE OR FORFEITED BAIL? Yes No								INSE OR No		
24. HAVE YOU HAD ANY PHYSICAL HANDICAP, CHRONIC DISEASE OR OTHER DISABILITY? 23. HAVE YOU EVER HAD A No 23. HAVE YOU EVER HAD A NERVOUS BREAKDOWN? No 24. HAVE YOU EVER HAD Yes No 25. HAVE YOU EVER HAD Yes No 26. HAVE YOU EVER HAD Yes No 27. HAVE YOU EVER HAD Yes No 27. HAVE YOU EVER HAD Yes											
If vour answer is "Y	ES " TO 21	22 23 or 24	4. give details in	item 33.							

1 - 1/2" РНОТО

25. LOWEST PAY YOU WILL ACCEPT.				26. WILL YOU TRAVEL (Check One).						27. WHEN WILL YOU BE AVAILABLE?					
\$ Per annum None: Some: Often:															
28. JOB TITLE FROM (Month, Year) TO (Month, Year)									, Year)						
29. EDUCATION AND TRAINING (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 (B) Name and Location of last school attended.															
Highest grade		If graduate	ed,												
(C) Name and Location of College or				Dates Attended			Years Completed			Credits Completed				ype of	Year of
University atte	ended		Fı	From To		,	Day Night		t Semester Hours			Quarter Hours		Degree	
(_)			Credits Completed		I	(E) Chief Graduate College			ge subjects.		C	Credits Completed			
				emester Quarter Hours						Semeste Hours			Quarter Hours		
	d location of other		ended (1	trade, vo	cational,		1	Dates A	ttended		Subjec	t Studied	1		certificate
business	, military, correspon	ndence.					From To			received, give date.					
 (G) Special qualifications, skills, honors (Licenses, operate office machines, computers, data processing equipment, words Per minute vehicles, construction equipment, etc 								iinute							
													Typing		Shorthand
														+	
30. EXPERIENCE: 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.															
	AAY BEGIN W SE ATTACH YC							E IS N	NEEDEI	d fo	R EDUCAT	FION (OR EX	PERIF	ENCE,

DATES OF EMP	PLOYMENT (Month, Year)	Position Title						
From	То							
Salary		Place of Emplo	Place of Employment					
Starting \$	Per annum							
Final \$	Per annum							
Name and Address of	Employer		Name, Title and Ad	dress of Immediate Supervisor				
Reason for Leaving				Number and Kind of Employees Supervised				
Description of Work								

DATES OF EMPLOYMENT (Month, Year)			Position Title				
From	То						
Salary			Place of Emplo	yment			
Starting	\$	Per annum					
Final	\$	Per annum					
Name and Ad	dress of Employer		Name, Title and Address of Immediate Supervisor				
Reason for Le	aving				Number and Kind of Employees Supervised		
Description of	f Work						

	Full Name	Present Address	Business or Occupation
MAY YOU	R PRESENT EMPLOYER BE CO	ONTACTED? YES	NO NO
SPACE FOR	R DETAILED ANSWERS (Indic	ate Item number to which answer applies.)	
em Number			
	ATTENTION: READ	THE FOLLOWING CAREFULLY BEFO	RE SIGNING THIS APPLICATION.
Corporation	n, or for dismissing you from en	ractice deception or fraud in this application i uployment with this Corporation after appoint ss for employment with this Corporation.	is ground for rating you ineligible for employment with this timent. All information pertinent to this application will be
		CERTIFICATION	
I CERTIF made in th	Y that I have read and unders nis application are true, comple	stand the foregoing paragraph. I FURTH ate and correct to the best of my knowledg	IER CERTIFY that all of the answers and statements e and belief and are made in good faith.
		PLEASE SIGN AND DATE HE	RE
		DATE (Month, day, year)	
GNATURE O	F APPLICANT (DO NOT PRIN		
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GNATURE O	F APPLICANT (DO NOT PRIN		

FOR OFFICIAL USE ONLY

QUALIFICATION EVALUATION SHEET

QUALIFICATI	ON REQUIREMENTS	EVALUATION RESULT				
EDUCATION & TRAINING	Eight Grade High School CollegeYears	NOT QUALIFIED ADV. STEI QUALIFY NOTE:	P DEV. YEARS TO TARGET			
DEGREE Associate Bac	chelor Masters	SHOW	DATE			
MAJOR						
VOCATIONAL						
CERTIFICATION & BOAR	RD EXAMS					
OTHERS (Specify)						
EXPERIENCE						
<u>BASIC</u> QTY						
TYPE						
OTHERS (Specify)						
SUMMARY REQUIREMENTS	EDUCATION	YEARS OF EXPERIENCE	NUMBERICAL COMPARISON			
SHOW						
EVALUATED BY:	DATE:	REVIEWED BY:	DATE:			