



COLLEGE OF MICRONESIA

Land Grant Program

PO Box 1179 Kolonia, Pohnpei, FM 96941

Phone: (691) 320-2486/2728

Website: comlandgrant.org

Email: comlandgrant@gmail.com

EMPLOYMENT APPLICATION FORM

GENERAL INSTRUCTIONS: Read the certificate at the end of this application before filling it in. Type or print all answers clearly. Answer all questions fully and accurately. Sign and compile it with the other requirements in an electronic folder (PDF) and send the folder to comlandgrant@gmail.com or stop by and drop it off with our secretaries at the office if you are residing in Pohnpei.

PERSONAL INFORMATION

1. Name (First, Middle, Last):

2. D.O.B:

Age:

3. Place of Birth (City & Country):

4. Mailing Address:

5. Mobile #

6. Home #

7. Email

8. Gender

9. Marital Status (Married, Single, Widowed, Divorced, Separated)

10. Citizenship (FSM, RMI, ROP, Others):

11. Residence:

12. Emergency Contact(s)

Name

Phone #

Relationship

13. Position title you're applying for

14. Have you ever been convicted?

No

Yes

15. Have you any physical disabilities?

No

Yes

16. If you answered Yes to 14 or 15, please specify:

17. Desired salary scale? \$ _____

18. Are you able to travel within or internationally?

No

Yes

EDUCATION BACKGROUND

	Name	Year Graduated	
19. High school graduated			
20. Two-year college	Name	Year Graduated	Degree Received
21. Four-year college	Name	Year Graduated	Degree Received
22. Graduate school	Name	Year Graduated	Degree Received
23. Post graduate school	Name	Year Graduated	Degree Received

EMPLOYMENT BACKGROUND				
24. Current Employer	Name	Date Started	Ending Date	Salary
	Types of Duties:			
	Reason for leaving?			
25. Previous Employer	Name	Date Started	Ending Date	Salary
	Types of Duties:			
	Reason for leaving?			
26. Previous Employer	Name	Date Started	Ending Date	Salary
	Types of Duties:			
	Reason for leaving?			
27. Previous Employer	Name	Date Started	Ending Date	Salary
	Types of Duties:			
	Reason for leaving?			
28. Previous Employer	Name	Date Started	Ending Date	Salary
	Types of Duties:			
	Reason for leaving?			
3 REFEREES				
Full Name	Contact Details		Occupation	
	Phone	Email		
<p style="color: red; margin: 0;">ATTENTION: Any false answers or statements or attempt to practice deception or fraud in this application is grounds for rating it as "Not Qualified" or "Ineligible."</p>				
Please sign here			Date (Month/Day/Year)	