



DIVISION OF MARINE TRANSPORTATION
Department of Transportation, Communications & Infrastructure
P.O. Box PS2
Palikir, Pohnpei, FM 96941



APPLICATION FOR SHIPBOARD EMPLOYMENT

Instructions: Type or print legibly with pen or ink only. Complete all blank spaces. If a question does not apply to you, put "NA" in the appropriate space(s).

1. Position applied for		2. Other position which you are interested	
3. First Name Middle Initial Last Name		4. Social Security Number	
5. Mailing Address (P.O. Box Number is any)			
6. City		State	
7. Age		8. Date of Birth (Date, Month, Year)	
9. Birthplace		10. Citizenship	
11. Marital Status (Married, Single, Divorced, Widowed)		12. Height (Indicate in feet/metres)	
13. Weight (Indicate in lbs/kgs)		14. Sex(Male/Female)	
15. Permanent Residence		16. Present Residence	
<p>17. Within the five (5) years, have you:</p> <p style="margin-left: 40px;">➤ Been fired for any reason? Yes <input type="radio"/> No <input type="radio"/></p> <p style="margin-left: 40px;">➤ Quit a job to avoid being fire? Yes <input type="radio"/> No <input type="radio"/></p> <p style="margin-left: 40px;">➤ Been convicted of an offense or forfeited bail? Yes <input type="radio"/> No <input type="radio"/></p>			
<p>18. If your answer is "YES" to number (17), give details below:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			

19. 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 others, explain your supervisory responsibilities. If work was part-time, show average number of hours worked per week. If you work under a name different from the name in item 3, print the former name at the end of the "Description of Work" box. Account for all time over the past ten (10) years, including periods of unemployment.

Date of Employment (Month, Year)		Position Title	
From	To		
Salary		Place of Employment	Grade or Play Level (If Government Service)
Starting \$	Bi-weekly		
Final \$	Bi-weekly		
Name and Address of Employer		Name, Title and Address of Immediate Supervisor	
Reason for leaving		Number & Kind of Employees supervised	
Description of Work:			
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.....			
.....			
.....			
If additional space is needed for education or experience, use a plain sheet of paper appropriately the size of page and attach hereto. Print your name of each sheet.			
Dates of Employment (Month, Year)		Position Title	
From	To		
Salary		Place of Employment	Grade or Pay Level (If Government Service)
Start \$	Bi-Weekly		
Final \$	Bi-Weekly		
Name and Address of Employer		Name, Title and Address of Immediate Supervisor	
Reason for leaving		Number & Kind of Employees Supervised	
Description of Work:			
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Date of Employment (Month, Year)		Position Title	

From	To	Place of Employment	Grade or Pay Level (If Government Service)
Salary			
Start \$	Bi-Weekly		
Final \$	Bi-Weekly		

Name and Address of Employer	Name, Title and Address of Immediate Supervisor
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Reason for leaving	Number & Kind of Employees Supervised
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Description of Work

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Date of Employment (Month, Year	Position Title
From	To
Salary	
Start \$	Bi-Weekly
Final \$	Bi-Weekly

Name and Address of Employer	Name, Title and Address of Immediate Supervisor
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Reason for leaving	Number & Kind of Employees Supervised
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Description of Work:

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20. EDUCATION AND TRAINING: (Elementary/High School)
 Highest grade completed: If graduated, give date
 Name and location of last school attended:

21. SHIPBOARD EMPLOYMENT RECORD: SERVICE

Name of Vessel	Position	Date Shipped	Date Discharge	Years	Month	Days

22. FORMAL TRAINING (List all colleges or universities and training programs attended and Certificate/Diploma received)

TYPE OF TRAINING	LOCATION	FROM	TO	CERTIFICATE/DIPLOMA

23. CERTIFICATE OF PROFICIENCY OR CERTIFICATE OF COMPETENCY HELD

TYPE OF CERTIFICATE	NUMBER OF CERTIFICATE	LIMITATIONS	DATE OF ISSUE

NOTE: This application form must be accompanied by a police clearance report, a complete physical examination report, and all relevant certificates/documents pertaining to position applied for. No application will be considered complete without the mentioned certificates/documents.

ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN

24. Have you any physical handicap, chronic disease, or other disability? Yes No
25. Does the Federated States of Micronesia Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past year? Yes No

SPACE FOR DETAILED ANSWERS TO QUESTIONS (Indicate item numbers to which the answers apply)

ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

A false or dishonest answer to any question in this application may be grounds for rating you ineligible for employment, or for dismissal you after appointment. All statements made in the application are subject to investigation including a check of Police Records and former employers. All information will be considered in determining your present fitness for shipboard employment.

CERTIFICATION

I certify that all of the statement made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of Applicant:
(Sign in ink)

Date:

FSM FORM 1022