



POHNPEI PORT AUTHORITY

200 Airport Road
P.O. Box 2029 Kolonia, Pohnpei FM 96941
Telephone: +691 320 2793 Fax: +691 320 2832
Website: www.ppa.fm

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PPA EMPLOYMENT APPLICATION

The following information and documents must be attached to PPA's employment application form before the deadline of a vacancy announcement. Failure to provide any of the required documents will result in automatic disqualification:

1. Complete filled and signed PPA application form.
2. Copy of high school (or G.E.D.) or higher education diploma as required by the position.
3. Veterans required to attach the copy of DD-214 (Military Discharge Form).
4. Any other required documents stated in the vacancy announcement.

Applicant Information Release Form

I, _____, hereby authorize any person, educational institution, company, former and present employer(s) that I have listed on my employment application form for the PPA, to disclose any information being requested regarding my present/ past work performance/ attitude, qualification, and fitness for employment.

I hereby release any person or company from any liability or responsibility from requesting or providing information incident to the employment process.

Applicant's Signature

Date: _____

APPLICATION FOR EMPLOYMENT

EMPLOYMENT POLICY: Pohnpei Port Authority is an Equal Opportunity Employer. We will not discriminate on the basis of sex, race, religion, place of origin, political affiliation or family relationship. The Authority will however at all times give preference qualified citizen of the State of Pohnpei and of the Federated States of Micronesia.

GENERAL INSTRUCTIONS: Answer all questions fully and accurately. Type or print your answers clearly. After completing the form, return it in person, by mail or fax to the address above. All applications must be received before the stipulated closing date and time. All applications must also read and sign the Brief Statement of Conditions which should be attached to this application.

A. POSITION DATA

1. Job applied for	2. Announcement Number:
3. Other jobs you are interested in:	<u>Office use only</u>

B. PERSONAL DATA

4. Name (First, Maiden/Middle, Last)		5. Social Security Number:	
6. Mail address:		7. Phone number: (work) (home) (Best time to call)	
8. Present residential address (place/municipality)		9. Name and phone number of person always able to contact you: (Name) (Number)	
10. Permanent (legal) residence (municipality/state)		<u>Office use only: Contact date: By:</u>	
11. Birth date (dd/mm/yy)		12. Birthplace (town, municipality, state, country):	
		13. Citizenship : FSM <input type="checkbox"/> (Other specify)	
14. Height	15. Weight	16. Sex: Male ___ Female —	17. Marital Status: _____ Married___ Divorced___ Widowed___
18. No. of dependents :		19. What name or title are you most commonly known by:	
		20. What name or tile do you prefer to be called by:	
21. List any other names you have been known by:		22. Do you have any medical disability or chronic disease:	
23. Have you ever have cholera, tuberculosis, hepatitis or other contagious disease:		<u>Office use only: (Medical Ref/File No.)</u>	

C. EDUCATIONAL EXPERIENCE

24. Name of school or training attended	From (year)	To (year)	Type of school/training/or major	Year grad	Degree			
1.								
2.								
3.								
4.								
5.								
25. If you want to, you may describe any special skills or training you have which make you suitable for this position.			26. If you feel it is useful you may list any community or social organization you belong to and any leadership position held.					
27. What are your language abilities:	POHNPEIAN				ENGLISH			
	None	Little	Okay	Fluent	None	Little	Okay	Fluent
(a) Understand								
(b) Speak								
(c) Read								
(d) Write								

D. WORK EXPERIENCE

28. Within the last five (5) years, have you ever: (a) Been fired for any reason (yes___ no___), (b) Quit to avoid being fired (yes___ no___), (c) Forfeited bail (yes___ no___) (d) Been convicted of an offence (yes___ no___)
29. Please briefly list your work experience, starting with your present or most recent job. Describe your major work duties and responsibilities. If you supervise anyone else, explain your supervisory duties. If you worked part-time, explain the number of hours worked each week. Account for all your work experience in the last ten years, use extra pages if necessary.

1. Dates of employment : From	To	Job title :
Salary : Starting Final	Place of Employment :	Name and address of Employer :
Name, title and address of Immediate Supervisor :		Reason for leaving :
Description of work :		Number and Kind of Employee Supervised :

2.Dates of employment :		From	To	Job title :
Salary : Starting	Place of Employment :	Name and address of Employer :		
Final				
Name, title and address of Immediate Supervisor :			Reason for leaving :	
Description of work :			Number and Kind of Employee Supervised :	

3.Dates of employment :		From	To	Job title :
Salary : Starting	Place of Employment :	Name and address of Employer :		
Final				
Name, title and address of Immediate Supervisor :			Reason for leaving :	
Description of work :			Number and Kind of Employee Supervised :	

4.Dates of employment :		From	To	Job title :
Salary : Starting	Place of Employment :	Name and address of Employer :		
Final				
Name, title and address of Immediate Supervisor :			Reason for leaving :	
Description of work :			Number and Kind of Employee Supervised :	

E. REFERENCE

30. List 2 persons not related to you who have definite knowledge of your qualifications and fitness for the job for which you are applying (do not list any of the Supervisors already listed above):

Full Name	Present address	Business or occupation

F. AVAILABILITY

31. When is the Earliest Date that you would be able to start:

ATTENTION

A false answer or statement or attempt to deceive or defraud in this application is grounds for disqualification from employment or for dismissing you from employment after hiring. All statements made in this application are subject to investigation.

CERTIFICATION

I CERTIFY that I have read and understood the paragraph above and that I have also read and understood the Brief Statement of Conditions. I FURTHER CERTIFY that all of the answers and statements made in this application are true, complete and correct to the best of my knowledge and are made in good faith.

Please Sign Here	Signature of Applicant :	Date (Month/Day/Year) :

Office Use Only

Date Received:	Time Received:	Received By:
Date Reviewed:	Disposition:	File Reference Number:
NOTES:		