



REPUBLIC OF THE MARSHALL ISLANDS
PUBLIC SERVICE COMMISSION
 MAJURO, MARSHALL ISLANDS

APPLICATION FOR EMPLOYMENT

This form shall be used for all applications for appointment to or within the Marshalls Public Service. TYPE or PRINT all answers clearly with a dark ball point pen. Answer all questions fully and accurately.

POST APPLIED FOR:

Ministry/Agency:		Employment Announcement No:
Job Title:	Pay Level:	Salary:

PERSONAL DETAILS:

First Name	Last Name	MI	Social Security No.:
Home Address:			Phone No.:
			Cell No.:
Correspondence Address:			Email Address:
Place of Birth:			Date of Birth:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	
Citizen of Marshalls: Yes <input type="checkbox"/> No <input type="checkbox"/>		Children's Ages:	
If, NO, Nationality:			
Next of Kin Name:		Relationship:	
Address:			

REFERENCES:

First Name	Last Name	Phone No.:	Email Address:

TRAINING COURSES, WORKSHOPS, OR SEMINARS ATTENDED:

Course Title	From	To	Location

FORMAL EDUCATION *(List in Date Order)*

High School Attended	From	To	Highest Grade Completed/Diploma	
College or University Attended	From	To	Major	Degree/Number Of Credit Hours Earn

DETAILS OF EMPLOYMENT:

Employer	From	To	Job Title	Salary	Reason for Leaving

DETAILS OF HOBBIES, SPORTS OR SPECIAL INTERESTS:

SPECIAL SKILLS

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.

Signature of Applicant

Date