



**REPUBLIC OF PALAU  
BUREAU OF PUBLIC SERVICE SYSTEM  
KOROR, PALAU 96940**

**APPLICATION FOR EMPLOYMENT**

<p><b>GENERAL INSTRUCTIONS:</b> Read the certificate at the end of this application before filling it in. Type or print all answers clearly with a dark ballpoint pen. Answer all questions fully and accurately. Fill in, sign, and return to Bureau of Public Service System (Personnel Office). If more space is required for any answer, use item 32.</p>											
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 Address (P.O. Box Number or Number and Street)					7. Phone Numbers						
8. City and State					Zip Code						
10. Age		11. Birthdate (Month, Day, Year)			12. Birthplace						
13. Height		14. Weight		15. Sex		16. Marital Status:			Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>		
17. Indicate by City and State Place of		Permanent Residence			Present Residence					18. Person always able to contact you (Name, Address, Phone Number)  20. List all other names you have used or have been known by	
19. List languages you know				Indicate your knowledge by placing "X" in the proper columns.							
				Read	Speak	Understand	Write				
21. Within the last five years have you:		a) Been fired for any reason?			b) Quit a job to avoid being fired?			c) Been convicted of an offense or forfeited bail?			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>			
22. Have you any physical handicap, chronic disease, or other disability?		Yes <input type="checkbox"/> No <input type="checkbox"/>		23. Have you ever had a nervous breakdown?		Yes <input type="checkbox"/> No <input type="checkbox"/>		24. Have you ever had Tuberculosis?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If your answer is "yes" to 21, 22, 23, or 24, give details in Item 33.											
25. Lowest pay you will accept					26. When will you be available?						
\$ _____ Per _____											
27. Last previous employment with Republic of Palau Government or others											
Job Title			Grade		From (Month, Year)			To (Month, Year)			

28. Education and Training (Attach College transcript to application)										
(A) Elementary/High School				(B) Name and Location of last school attended						
Highest grade completed		If graduated, give date								
(C) Name and Location of College or University attended				Dates Attended		Major	Credits completed		Type of Degree	Year of Degree
				From	To		Semester Hours	Quarter Hours		
(D) Chief undergraduate college subjects			Credits completed		(E) Chief graduate college subjects			Credits completed		
			Semester Hours	Quarter Hours				Semester Hours	Quarter Hours	
(F) Name and location of other schools attended (trade, vocational, business, military, correspondence)			Dates attended		Subjects Studied			If Certificate received, give date.		
			From	To						
G. Special qualifications, skills, honors (licenses; operate office machines, data processing equipment, vehicles, construction equipment; etc.)							Words Per Minute			
							Typing	Shorthand		
29. 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 your 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.										
1.	Dates of Employment (Month, Year)				Position Title		Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>	
	From _____ To Present								Do not write in this space.	
	Salary				Place of Employment		Grade or Pay Level (If Government Service)			
Starting \$ _____ Per _____										
Final \$ _____ Per _____										
Name and Address of employer.				Name and Title of Immediate Supervisor						
Reason for Leaving							Number of Employees Supervised			
Description of Work										

If additional space is needed for education or experience, use a plain piece of paper approximately the size of this page and attach here. Print your name on each sheet.

2	Dates of Employment (Month, Year)		Position Title		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Do not write in this space
	From	To					
Salary		Place of Employment		Grade or Pay Level			
Starting \$	Per			(If Government Service)			
Final \$	Per						
Name and address of employer				Name and Title of Immediate Supervisor			
Reason for Leaving							Number of Employees Supervised
Description of Work							
3	Dates of Employment (Month, Year)		Position Title		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Do not write in this space
	From	To					
Salary		Place of Employment		Grade or Pay Level			
Starting \$	Per			(If Government Service)			
Final \$	Per						
Name and address of employer				Name and Title of Immediate Supervisor			
Reason for Leaving							Number of Employees Supervised
Description of Work							
4	Dates of Employment (Month, Year)		Position Title		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Do not write in this space
	From	To					
Salary		Place of Employment		Grade or Pay Level			
Starting \$	Per			(If Government Service)			
Final \$	Per						
Name and address of employer				Name and Title of Immediate Supervisor			
Reason for Leaving							Number of Employees Supervised
Description of Work							

5	Dates of Employment (Month, Year) From _____ To _____	Position Title _____         Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Do not write in this space
Salary Starting \$ _____ Per _____ Final \$ _____ Per _____		Place of Employment _____	Grade or Pay Level (If Government Service) _____
Name and address of employer _____		Name and Title of Immediate Supervisor _____	
Reason for Leaving _____			Number of Employees Supervised _____
Description of Work _____			
_____			
_____			
_____			
<b>30. List three 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 supervisors you listed under Item 29.</b>			
Full Name	Present Address	Business or Occupation	
<b>31. May your present employer be contacted?      Yes <input type="checkbox"/>                      No <input type="checkbox"/></b>			
<b>32. Space for detailed answers (Indicate Item Number to which answer applies.)</b>			
Item Number			
<b>ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.</b> <b>A false answer or statement, or attempt to practice deception or fraud in this application is grounds for rating you ineligible for employment with the Republic of Palau, or for dismissing you from employment with the Republic of Palau after appointment. All statements made in this application are subject to investigation, including a check of court records and former employers. All information pertinent to this application will be considered in determining your present fitness for Republic of Palau Government employment.</b>			
<b>CERTIFICATION</b> <b>I CERTIFY that I have read and understand the foregoing paragraph. 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 belief and are made in good faith.</b>			
Please Sign	Signature of Applicant (Do not print) _____		Date (Month, Day, Year) _____

**ATTACH SCHOOL TRANSCRIPT**