



**FEDERATED STATES OF MICRONESIA  
DEVELOPMENT BANK**

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**INSTRUCTIONS:** TYPE OR PRINT IN INK ALL ANSWERS FULLY AND ACCURATELY. READ THE CERTIFICATION AT THE END OF THIS APPLICATION, SIGN AND RETURN TO FSMDB HEADQUARTERS OR TO THE ABOVE ADDRESS OR E-MAIL TO: [info@fsmdb.fm](mailto:info@fsmdb.fm) . IF MORE SPACE IS REQUIRED FOR ANY ANSWER, REFER TO ITEM # 23.

**PART A – PERSONAL INFORMATION**

|   |                   |  |   |
|---|-------------------|--|---|
| <b>1. Position applied for:</b>   |                   | <b>2. Position Announcement No.:</b>   |   |
| <b>3. Name ( First, Middle, Last)</b>   | <b>4. Gender:</b> | <b>5. Marital Status:</b>  |   |
| <b>6. Address (P.O. Box Number &amp; Street, City, State &amp; Zip Code):</b> |                   | <b>7. Phone Number / E-mail address:</b><br>Home/Cell:<br>Work:<br>E-mail address:   |   |
| <b>8. Permanent Residence /Present Residence:</b>                             |                   | <b>9. Birth Place:</b>   | <b>10. Date of Birth</b><br>(MM/DD/YYYY)<br><br>/ / |
| <b>11. Social Security Number:</b><br>FSM: _____<br>US: _____                 |                   | <b>12. CITIZENSHIP</b><br><input type="checkbox"/> FSM<br><input type="checkbox"/> UNITED STATES<br><input type="checkbox"/> Others ( <i>specify</i> ) _____ |   |

**PART B – EDUCATIONAL & PROFESSIONAL QUALIFICATIONS**

**13. List all languages you are proficient in**

| No. | Language | Read | Write | Speak | Understand |
|-----|----------|------|-------|-------|------------|
| 1.  | ENGLISH  |      |       |       |            |
| 2.  |          |      |       |       |            |
| 3.  |          |      |       |       |            |
| 4.  |          |      |       |       |            |

**14. List full names of universities/colleges/schools/training attended**

| a. University/College/Schools | Location/Dates | Degree/<br>Certificates earned | Major Course of Study   |
|-------------------------------|----------------|--------------------------------|-------------------------|
|                               |                |                                |                         |
|                               |                |                                |                         |
|                               |                |                                |                         |
| b. Name of Training/Seminar   | Location/Dates | Sponsored by                   | Type of awards obtained |
|                               |                |                                |                         |
|                               |                |                                |                         |
|                               |                |                                |                         |

**15. SPECIAL SKILLS, QUALIFICATIONS, ETC.**

| Category                  | Descriptions |
|---------------------------|--------------|
| Computer/ Software        |              |
| Other Office equipment    |              |
| Others ( <i>specify</i> ) |              |
|                           |              |

**PART C – EMPLOYMENT RECORD** (Start with present or most recent and work back. Use additional sheets if needed)

|                             |                       |                                     |
|-----------------------------|-----------------------|-------------------------------------|
| <b>16. Name of Employer</b> | <b>Position Title</b> | <b>Type of Business and Address</b> |
|-----------------------------|-----------------------|-------------------------------------|

|                            |   |
|----------------------------|---|
| Name & Title of Supervisor | Supervisor’s Telephone number & email address |
|----------------------------|---|

Employment Date: \_\_\_\_\_ Final Pay rate: \_\_\_\_\_  Full time  Part time

Major Duties description:

Reason for Leaving

|                             |                       |                                     |
|-----------------------------|-----------------------|-------------------------------------|
| <b>17. Name of Employer</b> | <b>Position Title</b> | <b>Type of Business and Address</b> |
|-----------------------------|-----------------------|-------------------------------------|

|                            |   |
|----------------------------|---|
| Name & Title of Supervisor | Supervisor’s Telephone number & email address |
|----------------------------|---|

Employment Date: \_\_\_\_\_ Final Pay rate: \_\_\_\_\_  Full time  Part time

Major Duties description:

Reason for Leaving

**PART D – OTHER**

|  |  |
|--|--|
| <p><b>18. Have you:</b></p> <p>a. Any physical disability or limitations.....Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. Been fired for any reason or suspended from your work?.....Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. Been forced to resign from your previous job?.....Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. Any legal proceeding pending against you at the time of this application?.....Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e. Ever been convicted of a felony? .....Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. If you checked YES to any question above, please provide details:</p> | <p><b>19. If you are selected for the above position:</b></p> <p>a. What is the lowest pay you will accept?<br/>\$ _____<br/><input type="checkbox"/> per hour <input type="checkbox"/> biweekly <input type="checkbox"/> annually</p> <p>b. When will your services be available?<br/><input type="checkbox"/> 2 weeks <input type="checkbox"/> 1month <input type="checkbox"/> Within 3 months</p> <p><b>20. Please note that Police Clearance will be required for the final selection of candidates.</b></p> |
|--|--|

**21. List three (3) persons not related to you who have definite knowledge of your personal and professional qualifications.**

| Full Name | Present Address & Tel. & email | Occupation |
|-----------|--------------------------------|------------|
| 1.        |                                |            |
| 2.        |                                |            |
| 3.        |                                |            |

**22. May your present & previous employers be contacted?.....Yes  No**

**23. Attach your Resume/Curriculum Vitae to this application form.**

**24. CERTIFICATION.** 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. I accept responsibility for dismissal from my job or any disciplinary action should any of the above statements be found incorrect or false.

|  |                                 |
|--|---------------------------------|
| _____<br><b>Signature of Applicant</b> | _____<br><b>Date (MM/DD/YY)</b> |
|--|---------------------------------|