

KWAJALEIN ATOLL LOCAL GOVERNMENT
Post Office Box 5220
Ebeye, Kwajalein Atoll
Republic of the Marshall Islands 96970

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT ALL ANSWERS CLEARLY WITH A DARK BALL POINT PEN. ALL QUESTIONS MUST BE ANSWERED FULLY AND ACCURATELY.

POST APPLIED FOR

Department: _____

Job Title: _____

Personal Details:

Full Name: _____ Social Security No _____

Home Address: _____ Telephone No (Home) _____

Telephone No (Work) _____

Place of Birth: _____ Date of Birth: _____

Sex (☐) Male (☐) Female

Marital Status (☐) Married (☐) Single
(☐) Widowed (☐) Divorced
(☐) Separated

Citizen of Marshall (☐) Yes (☐) NO Children's Ages: _____

Nationality (If NO): _____

Next of kin name: _____ Relationship: _____

Address:

References:

Full Name: _____ Full Name: _____

Address: _____ Address: _____

FORMAL EDUCATION:

High School	From	To	High Grade completed
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_____	_____	_____	_____
_____	_____	_____	_____

Training Courses Workshops or Seminars Attended:

Course Title	From	To	Location
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DETAILS OF EMPLOYMENT FOR PAST TEN YEARS:

Employer	From	To	Reasons for Leaving
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification:

Date: _____

OFFICIAL USE ONLY:

Name of the Authorizing Official

Title _____

Signature of the Authorizing Official

Date: _____