

PALAU COMMUNITY COLLEGE

P.O. Box 9

Koror, Republic of Palau PW 96940

Tel: (680)488-2470 Fax: (680)488-2447

APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS : Read the Certificate at the end of this application before filling it in. Type or print all answers clearly. Answer all questions fully and accurately. Fill in, sign, and return to Palau Community College Personnel Office. If you change your address, notify the College.									DO NOT WRITE IN THIS SPACE
1. KIND OF JOB APPLIED FOR							2. ANNOUNCEMENT NUMBER		1
3. OTHER JOBS IN WHICH YOU ARE INTERESTED									1
4. NAME (First, Middle, Last) Ms. Mr. Mrs.							5. SOCIAL SECURITY NUMBER		
6. MAILING ADDRESS (P.O. Box # or Number and Street) 7. CONTACT INFORMATION Home:									
8. CITY AND STATE ZIP CODE							Work : Cell: E-mail:		
9. CITIZENSHIP 10			10. BIRT	ΓΗ DATI	E (Month, Day, Y	Year)	11. BIRTH PLACE		
12. PRESENT RESIDENCE			13.	PERMA	NENT RESIDE	NCE	14. PERSON ALWAYS ABLE TO CONTACT YOU.		
	ANGUAGES			wledge	by placing "X"	in the			
YOU KNOW		Read		Speak Understand		Write	Address		
PALAUA	N								
ENGLISH	I								
OTHER							Email Add.		
OTHER							Phone #.		
16. 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 No Yes No Yes No									
17. LOWEST PAY YOU WILL ACCEPT? 18. WILL YOU TRAVEL? (Check one) 19. WHEN WILL YOU BE AVAIL								ABLE?	
\$ per No Yes Sometime									
20. LAST PREVIOUS EMPLOYMENT WITH REPUBLIC OF PALAU GOVERNMENT, OTHER GOVERNMENTS OR AGENCY?									
Job Title				Pay 1	Level	From (Month, Year)		To (Month, Year)	
21. Please submit a resume include three references, official transcript, copy of you degree(s) and any other supporting document(s) along with this application.									
ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION I Certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying documents) will be cause for denial of employment, regardless of when or how it was discovered.									
I further authorize investigation of all statements contained in this application (or any other accompanying documents) as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.									
PLEASE SIGNATURE OF APPLICANT (Do not print) DATE HERE							DATE (Month	, Day, Year)	

1st REV. March 2005, 2nd REV. Nov. 2006, 3rd REV. March 2010