



Republic of Palau
SOCIAL SECURITY ADMINISTRATION

1 Civic Center Road, Medalaii
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Phone: (680) 488-2457 or Fax: (680) 488-1470
E-mail: administration@ropssa.org Website: www.ropssa.org

(attach recent photo)

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 SSA Office.

APPLICANT'S INFORMATION

Name: (Last, First, Middle)		Social Security Number:	Date of Birth:	Citizenship: <input type="checkbox"/> PALAU <input type="checkbox"/> USA <input type="checkbox"/> Other, specify: _____
Position Or Job Applied For:		Lowest pay you will accept:	When will you be available?	
Mailing Address:	City/State/Zip Code:	Phone Numbers: Daytime: _____ Evening: _____ Cell: _____		
Present Residence:	Email Address:		Sex:	Marital Status:
Within the last five years have you:	a) Been fired for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Quit a job to avoid being fired? <input type="checkbox"/> Yes <input type="checkbox"/> No	c) Been convicted of offense or forfeited bail? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK EXPERIENCES (List three (3) recent employments beginning with the current or most recent employment.)

Job Title:		FROM: (MM/YY)	TO: (MM/YY)
Employer's Name:		Supervisor's Name:	
Employer's Address:		Phone:	
Salary: Starting \$ _____ Per Final \$ _____ Per	Full – Time: <input type="checkbox"/>	Part – Time: <input type="checkbox"/>	
Describe Your Duties and Accomplishments:			
Reason For Leaving:			
CAN WE CONTACT CURRENT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Job Title:		FROM: (MM/YY)	TO: (MM/YY)
Employer's Name:		Supervisor's Name:	
Employer's Address:		Phone:	
Salary: Starting \$ _____ Per Final \$ _____ Per	Full – Time: <input type="checkbox"/>	Part – Time: <input type="checkbox"/>	
Describe Your Duties and Accomplishments:			
Reason For Leaving:			
CAN WE CONTACT CURRENT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Job Title:	FROM: (MM/YY)	TO: (MM/YY)
Employer's Name:	Supervisor's Name:	
Employer's Address:	Phone:	
Salary: Starting \$ Per Final \$ Per	Full – Time: <input type="checkbox"/>	Part – Time: <input type="checkbox"/>
Describe Your Duties and Accomplishments:		
Reason For Leaving:		
CAN WE CONTACT CURRENT EMPLOYER/SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION AND TRAINING

MARK HIGHEST LEVEL COMPLETED					
HS/GED [] Associate [] Bachelor [] Master []					
Name and Location	Date Attended		Major	Type of Degree	Years of Degree
	From	To			
Last High School or GED School:		City/State/Zip:		Year Diploma or GED Received:	

OTHER RELEVANT TRAINING

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REFERENCES

List three (3) persons not related to you who have knowledge of your qualifications:	
Full Name:	Address and Phone:
1.	
2.	
3.	

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING SSA/HCF APPLICATION.

A false answer or statement, or attempt to practice deception or fraud in this application is grounds for rating you ineligible for employment with SSA/HCF, or for dismissing you from employment with SSA/HCF 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 SSA/HCF employment.

CERTIFICATION

I CERTIFY that I have read and understand the foregoing paragraph. I FURTHER CLARIFY 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.

APPLICANT'S SIGNATURE

DATE