REPUBLIC OF THE MARSHALL ISLANDS

PUBLIC SERVICE COMMISSION

Majuro, Marshall Islands · pscrmi.net/Form · (692)625-8298/8498

EMPLOYMENT APPLICATION

SUBMISSION CHECKLIST

INSTRUCTIONS TO APPLICANTS

All applications must be accompanied by the documents listed below. Incomplete applications will NOT be processed. Please tick (✓) each document as you attach it to your application.

Submit completed applications to: psc.recruit@rmi.gov.mh | (692)625-8298/8498

1. REQUIRED PERSONAL DOCUMENTS

- ☐ Completed PSC Employment Application Form – **Required**
- ☐ Valid Government-Issued Photo ID (Passport, Driver's License, or National ID) **Required**
- ☐ Birth Certificate (Original or Certified Copy) - **Required**
- ☐ Social Security Card - **Required**
- ☐ Employment Reference Letters (Minimum 2) **Required**
- ☐ Police Clearance Certificate **Required**
- ☐ Medical Clearance Certificate **Required**

2. EDUCATIONAL QUALIFICATIONS

- ☐ High School Diploma or Certificate (Certified Copy)
- ☐ College / University Degree(s) or Transcripts (Certified Copy)
- ☐ Vocational / Technical Certificates or Diplomas (Certified Copy)
- ☐ Professional License and/or Training Course Certificates (If applicable)

3. EMPLOYMENT RECORDS

- ☐ Updated Curriculum Vitae (CV) or Résumé
- ☐ Previous Employment Certificates or Service Records (If applicable)

FOR OFFICE USE ONLY

RECEIVED BY

DATE RECEIVED

APPLICANT NAME OR SIGNATURE

DATE SUMITTED

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APPLICATION FOR EMPLOYMENT

This form shall be used for all applications for appointment to or within the Marshalls Public Service. TYPE or PRINT all answers clearly with a dark ball point pen. Answer all questions fully and accurately.

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1. POSITION APPLYING FOR

MINISTRY / AGENCY

EMPLOYMENT ANNOUNCEMENT NO.

JOB TITLE

PAY LEVEL

SALARY

2. PERSONAL DETAILS

FULL NAME

SOCIAL SECURITY NO.

DATE OF BIRTH

PLACE OF BIRTH

EMAIL ADDRESS

TELEPHONE NO.

CELL NO.

HOME ADDRESS

STREET ADDRESS

CITY

COUNTRY / STATE

ZIP

SEX

☐ Male ☐ Female

MARITAL STATUS

☐ Married ☐ Single ☐ Widowed ☐ Divorced

CITIZEN OF MARSHALL ISLANDS?

☐ Yes ☐ No

IF NO, NATIONALITY?

CHILDREN'S AGES

NEXT OF KIN (IN CASE OF EMERGENCY)

FULL NAME	RELATIONSHIP

ADDRESS	CITY	COUNTRY / STATE	ZIP

TELEPHONE NO. (IN CASE OF EMERGENCY)	CELL NO. (IN CASE OF EMERGENCY)

3. MINIMUM (2) REFERENCES

FIRST NAME	LAST NAME	PHONE NO.	EMAIL ADDRESS

4. TRAINING COURSES, WORKSHOPS, OR SEMINARS ATTENDED

COURSE TITLE	FROM	TO	LOCATION / PROVIDER

5. FORMAL EDUCATION (LIST IN DATE ORDER)

HIGH SCHOOL

HIGH SCHOOL ATTENDED	FROM	TO	HIGHEST GRADE / DIPLOMA

COLLEGE / UNIVERSITY

COLLEGE OR UNIVERSITY	FROM	TO	MAJOR	DEGREE / CREDIT HOURS

6. DETAILS OF EMPLOYMENT

EMPLOYER	FROM	TO	JOB TITLE	SALARY	REASON FOR LEAVING

7. HOBBIES, SPORTS, SPECIAL INTERESTS & SPECIAL SKILLS

HOBBIES, SPORTS & SPECIAL INTERESTS

SPECIAL SKILLS

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.

SIGNATURE (FULL NAME) **DATE**