



Republic of the Marshall Islands
Office of the Public Service Commission

PO Box 90 ~ Majuro, MH 96960 ~ Marshall Islands Phone: 692.625.8298/8498

~ Fax: 692.625.3382 ~ Email: pscrmi.recruit@gmail.com

Webpage: www.pscrmi.net

PSC APPLICATION

New [checkbox]

Re-apply [checkbox]

To complete your application please provide these documents below:

DOCUMENTS

COMPLETED

TWO (2) REFERENCE LETTER

[checkbox] Required

RMI SOCIAL SECURITY CARD

[checkbox] Required

VALID ID "DRIVER LICENSE" OR "PASSPORT"

[checkbox] Required

COPY OF BIRTH CERTIFICATE

[checkbox] Required

COPIES OF COMPLETION, DEGREE(S), DIPLOMA(S), CERTIFICATE(S)

[checkbox]

AN OFFICIAL TRANSCRIPT FROM SCHOOL

[checkbox]

COPIES OF HEALTH CLEARANCE AND CRIMINAL CLEARANCE

[checkbox]

Application must sign and return to the Office of the Public Service Commission on or before the closing date of the employment announcement.

Completed your application

Print Name

Signature

Date

PSC USE ONLY

Received by:

Signature

Date



REPUBLIC OF THE MARSHALL ISLANDS
PUBLIC SERVICE COMMISSION
 MAJURO, MARSHALL ISLANDS

pscrmi.net/Form
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.

pscrmi.recruit@gmail.com

1. POST APPLIED FOR:

Ministry/Agency:		Employment Announcement No:
Job Title:	Pay Level:	Salary:

2. PERSONAL DETAILS:

First Name	Last Name	MI	Social Security No.:
Home Address:			Phone No.:
City:	Country/State:	Zip Code:	Cell No.:
Correspondence Address:			Email Address:
City:	Country/State:	Zip Code:	Date of Birth:
Place of Birth:			
Sex: Male Female	Marital Status: Married Single Widowed Divorced Separated		
Citizen of Marshalls: Yes No	Children's Ages:		
If, NO, Nationality:			
Next of Kin Name:		Relationship:	
Address:		City:	Country/State: Zip Code:

3. 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 Attended	From	To	Highest Grade Completed/Diploma	
College or University Attended	From	To	Major	Degree/Number Of Credit Hours Earn

6. DETAILS OF EMPLOYMENT:

Employer	From	To	Job Title	Salary	Reason for Leaving

7. DETAILS OF HOBBIES, SPORTS OR SPECIAL INTERESTS:

SPECIAL SKILLS

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.