



REPUBLIC OF THE MARSHALL ISLANDS  
**OFFICE OF THE PUBLIC SERVICE COMMISSION**

P.O.BOX 90 • Majuro Marshall Islands MH 96960 • Office: (692) 625-8298/8498  
• Email: [pscrmi.recruit@gmail.com](mailto:pscrmi.recruit@gmail.com) • Webpage: [pscrmi.net](http://pscrmi.net)

# PSC APPLICATION

New

Re-apply

**To complete your application please provide these documents below:**

**DOCUMENTS**

**COMPLETED**

TWO (2) REFERENCE LETTER

Required

RMI SOCIAL SECURITY CARD

Required

VALID ID "DRIVER LICENSE" OR "PASSPORT"

Required

COPY OF BIRTH CERTIFICATE

Required

COPIES OF HEALTH CLEARANCE AND CRIMINAL CLEARANCE

Required

AN OFFICIAL TRANSCRIPT FROM SCHOOL

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

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.