## KWAJALEIN ATOLL JOINT UTILITY RESOURCES PO Box 5819, EBEYE, MARSHALL ISLANDS TEL:# 692-329-3799 FAX#: 692-329-6722

APPLICATION FORM FOR EMPLOYMENT

Т

This form is to use for a Type or print clearly wit					urately
POSITION APPLIED FO	R				
	1s	t Choice			
	2n	d Choice			
	3n	d Choice			
PERSONAL DETAILS:					
FULL NAME:					
	Las	st MI	First	SS#	
Address:				Phone#	Home:
	PO	Box or Numb	er and Street		Work:
City:					
City.	Mn	icipality and D	District(or City and S	State) Zip Code	
Place of Birth		Date o	f Birt <u>h</u>		Nationality
Sex: Male( )	Female ( )	Marital Widow	Status: Married ( : () Divorced	() Single ()	) Separated: ()
Citizen of Marshall: Yes	() No ()	Vidow	. ( ) Divorced		Separateu. ()
lf" NO" Nationality:				Children's age	
Next of Kim Name:					
Address:				-	
				Relationship:	
				-	
- <i>i</i>					
References:	Full Name:		Full Name.	:	
	Address:		Address:		
For Office Use Only:			For Office	Use only	

Work Experience:	1
	2
	3

If appointed, date you could start duty:

## DETAILS OF EDUCATION(List in Date Order)

High School Educatio (Secondary)	ool Educatio From: To ry)		Subjects Studied or Exams Taken Wi Results

College or University	From	То	Subjects Studied or Exams Taken Wi Results

DETAILS OF EMPLOYMENT(List of All	Employments for	the Last Ter	n years, Most I	Recent First
Periods of Unemployment):			-	

Employer:	From	То	Job Tittle	Salary	Resons for leaving

Details of HOBBIES, SPORTS, or SPECIAL INTERESTS

SPECIAL DETAILS(Relevant to this Applications)