



Republic of Palau
SOCIAL SECURITY ADMINISTRATION

P. O. Box 679 Koror, Republic of Palau, PW 96940
 Phone: (680) 488-2457 or Fax: (680) 488-1470
 E-mail: administration@ropssa.org Website: www.ropssa.org

EMPLOYMENT APPLICATION FORM

APPLICANT'S INFORMATION

Last Name, First, Middle:		Social Security Number:		Date of Birth	
Position Or Job Applied For:		Lowest pay you will accept		When will you be available?	
Mailing Address:		City/State/Zip:		Phone Numbers Daytime: _____ Evening: _____	
Permanent Residence:		Present Residence:		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 recent employments beginning with the current or most recent employment:

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

Job Title:		From (MM/YY):		To (MM/YY):	
Employer Name:			Supervisor's Name:		
Employer Address:			Phone:		
Salary:		Full - Time		Part - Time	
Starting \$	Per	<input type="checkbox"/>		<input type="checkbox"/>	
Final \$	Per				
Describe Your Duties And Accomplishments:					
Reason For Leaving:					

Job Title:		From (MM/YY):	To (MM/YY):
Employer Name:		Supervisor's Name:	
Employer 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:			

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

APPLICANT CERTIFICATION

I certify that, all of the information on and attached to this application is true and correct. I understand that false information on or attached to this application may be grounds for not hiring me or for firing me after I begin work. I understand that any information I give may be investigated.

APPLICANT'S SIGNATURE

DATE SIGNED