

EMPLOYMENT APPLICATION



AMERICAN SAMOA GOVERNMENT
Department Of Human Resources
Pago Pago, AS 96799

Employment Service Branch: 684.633.4485
Contract Recruitment Branch: 684.633.5357

IMPORTANT: Please read the instructions carefully before filling in each section. Answer each question briefly, but as completely as required. If you need additional space, use that provided by Section 14 or attach an extra sheet of paper to the application (be sure to identify the section number of the question you are answering in Section 14). Type or print clearly your answers in the space provided. If an item does not apply to you or if there is no information to be given, please write in the space provided NA, meaning not applicable. This application will be used for evaluation only. You are in no way obligating yourself by submitting it nor is its acceptance by the American Samoa Government to be interpreted as a commitment of any kind. Non-resident applicants are asked to include marital and dependent information on a supplemental form. If you need information about employment or assistance to complete this application form please contact a representative of the Recruitment Section of the Department of Human Resources - Personnel Division. A completed application requires the following attached forms:

1. Birth Certificate or Passport
2. Social Security Card
3. Official Photo Identification Document
4. Copies of Educational or Vocational Diploma, Degree and/or Certificate
5. If you are not a US Citizen or US National, please provide a copy of your
Immigration ID and Immigration Board hearing result
6. Resume
7. Three Letters of Recommendation (Optional)
8. Official Transcripts (if appropriate)

EQUAL EMPLOYMENT OPPORTUNITY

There shall be no discrimination in employment against any person on the basis of race, religious beliefs, political beliefs, color, age, sex, national origin, marital status, or physical and mental handicap, except for bona fide occupational or legal requirements.

DO NOT WRITE IN THIS BLOCK

Date received _____ Screening No. _____ Veteran's Preference _____

Typing _____ Shorthand _____ ASG _____ Skill Code Register _____

1. JOB PREFERENCE: Please list and describe the types of jobs which, as an employee, you would feel most qualified to perform and in which you would prefer to work (list in order of preference).

First: _____

Second: _____

Third: _____

2. List any special qualifications and skills (for example, skills with tools, word processing, dictation machine or other equipment): _____

3.

Licenses and Certificates	State or Other Licensing Authority	Validation Date

4. Do you have a valid diver's license? _____ Commercial driver's license? _____

5. EDUCATION

a. Circle highest school grade completed: 1 2 3 4 5 6 7 8 9

10 11 12 13 14 15 16

b.

Name and Location of College or University	Dates Attended		Years Completed	Attendance		Total Number of Credits	Years/Degree Earned
	From	To		Part Time	Full Time		

c. Principal Courses of Study: _____

d. Other schools or training (for example, trade, vocational, armed forces or business): Give name and location (city, state and zip code if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent information.

6. EXPERIENCE: Start with your PRESENT position and work back. Account for periods of unemployment in Section 14. May inquiry be made of your present employer regarding your character, qualifications and record of employment? (A "No" answer will not affect your consideration for employment opportunities.) Yes No

a.

Dates of employment (month, year) From: To:	Job title:
Present salary: \$ per	Type of business/organization:
Number of employees supervised:	Contact Info. Tel: Email:
Name of immediate supervisor:	Reason for wanting to leave:
Employer:	Address:
Job Duties:	

b.

Dates of employment (month, year) From: To:	Job title:
Present salary: \$ per	Type of business/organization:
Number of employees supervised:	Contact Info. Tel: Email:
Name of immediate supervisor:	Reason for wanting to leave:
Employer:	Address:
Job Duties:	

c.

Dates of employment (month, year) From: To:	Job title:
Present salary: \$ per	Type of business/organization:
Number of employees supervised:	Contact Info. Tel: Email:
Name of immediate supervisor:	Reason for wanting to leave:
Employer:	Address:
Job Duties:	

d.

Dates of employment (month, year) From: To:	Job title:
Present salary: \$ per	Type of business/organization:
Number of employees supervised:	Contact Info. Tel: Email:
Name of immediate supervisor:	Reason for wanting to leave:
Employer:	Address:
Job Duties:	

e.

Dates of employment (month, year) From: To:	Job title:
Present salary: \$ per	Type of business/organization:
Number of employees supervised:	Contact Info. Tel: Email:
Name of immediate supervisor:	Reason for wanting to leave:
Employer:	Address:
Job Duties:	

7.

Languages Used	Spoken			Written		
	Excellent:	Fair:	Poor:	Excellent:	Fair:	Poor:
Samoan	Excellent:	Fair:	Poor:	Excellent:	Fair:	Poor:
English	Excellent:	Fair:	Poor:	Excellent:	Fair:	Poor:
Other	Excellent:	Fair:	Poor:	Excellent:	Fair:	Poor:

8.

References: Your selection of references is very important. Choose people who are personally acquainted with your capabilities and talents. Be sure to inform your references that they will be contacted by a representative of the American Samoa Government, and urge them to respond promptly. Do not repeat names of supervisors listed in Section 8.

Full Name	Contact Information: Address/Tel/Fax/Email	Business/Occupation

9. Are you now or have you been within the last ten (10) years a member of the Communist party or any subdivision of the Communist party or a member of any other organization or group of persons which during the period of your membership you knowingly advocated the overthrow of the Government of the United States or American Samoa? Yes ___ No ___
10. Within the last five (5) years have you been fired from any job for any reason? Yes ___ No ___
If yes explain below.
11. Within the last five (5) years have you resigned from any job after having been notified that you would be suspended or fired? If yes explain below. Yes ___ No ___
12. Have you ever been convicted of a crime or forfeited collateral, or are you now under charges for any for a crime other than minor traffic offenses? You may answer No if the conviction occurred before your 21st birthday. If yes explain below. Yes ___ No ___
13. If you were a member of the military were you honorably discharged? Yes ___ No ___
If not explain below.
14. Space for detailed answers. Please indicate item number to which your answers apply.

Section No.	

15.

Mr. Mrs. Miss. (please circle)	Name, Last	First	MI	Maiden
Home Telephone No.	Address (street or Post Office Box Number):			
Office Telephone No.	City or Village and State:			Zip Code
Social Security No.	Birthplace:			Date of birth:
Legal Voting Residence	Height without shoes:			Weight

The following information is needed for the Government of American Samoa's Affirmative Action Program. This information is not intended to prevent anyone unlawfully from employment. It is to ensure equal employment opportunities. Only when the information below is directly related to the minimum qualifications of a specific position will this information be made available to a selecting official. In all cases of employment however, first consideration shall be given to persons eligible for permanent residence within the Territory of American Samoa.

16. Check Ethnic Origin: Polynesian _____ Caucasian _____ Black _____ Asian _____ Other _____

17. Check Citizenship: American Samoa _____ United States _____ Other _____

18. If you were not born in American Samoa complete the following:

- a. Was one of your parents born in American Samoa? Yes _____ No _____
- b. Are you married to an American Samoan? If yes provide name and village of spouse. Yes _____ No _____

- c. Were you legally adopted by an American Samoan? Yes _____ No _____
- d. Has the American Samoa Immigration Board granted you permanent residence? If yes please provide documentation. Yes _____ No _____

ATTENTION: After completing all questions, please sign and date. A false answer to any question may be grounds for non-employment or for discharge after employment. All statements are subject to investigation, including a check of police records and contacting former employers.

BY SIGNING BELOW I CERTIFY THAT ALL THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE AMERICAN SAMOA GOVERNMENT, DEPARTMENT OF HUMAN RESOURCES, IS AUTHORIZED TO VERIFY MY CREDENTIALS AND PRIOR EMPLOYMENT SET FORTH IN THIS APPLICATION.

Applicant's Signature

Date: _____