

GENERAL INSTRUCTIONS: Read the Certification at the end of this application before filling it in. Type or print all answers clearly and accurately. Fill in, Sign and Return to PNCC Human Resources Office @ PNCC Headquarter located in Ngerusar, Airai State, Republic of Palau.

			MATION
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1. Kind of Job Ap		2. Announcement Number va.no.pncc							
3. Name				1. Date of Birth	5. Age				
6. ROP Social Security Number				7. Marital Status 8. Gend					
9. Citizenship 10. Address (ss (P.O. Box No., City/State & Zip Code)					
11. Contact Numl	oers		12. Per:	12. Person always able to contact you					
Home:			NI a sas a	Nama					
Work:				Name: Contact No.:					
Mobile: Co				ICU INO.:					
13. Languages you know (Indicate your knowledge by placing an "X" in the proper space)							ice)		
Palauan	Read	Speak							
English	Read	Speak		Understand Write					
	Read	Speak		Understand		Write			
14. Within the last five (05) years, have you: YES NO							NO		
a) Been Fired or Forced to Resign?									
b) Taken or Tested Positive on Drugs?									
c) Been Convicted of an Offense or Forfeited Bail?									
*If your answer is "YES" to (a), (b), or (c); please explain:									

II. MEDICAL INFORMATION

Do you have any physical condition or illness that could limit your performance or create a safety hazard for yourself or others on the job for which you are applying? YES NO If your answer is YES, please explain:

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	Name	Location	No. of years Completed	Did you Graduate	Type of Degree		
1. Grammar School							
2. High School							
3.College/University							
4. Other (Trade School, etc.)							
5. Special Qualifications, Skills, Honors, etc,:							

IV. EMPLOYMENT HISTORY

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List previous employm	ent (MOST RECENT FIRST)				
1. Name of Employer:	Address/Contact # & Email:				
Name & Title of Immediate Supervisor:					
Type of Business:					
Duties Performed:					
Date Started:	Starting Salary:				
Date Left:	Ending Salary:				
Reason for Leaving:					
2. Name of Employer:	Address/Contact # & Email:				
Name & Title of Immediate Supervisor:					
Type of Business:					
Duties Performed:					
Date Started:	Starting Salary:				
Date Left:					
Reason for Leaving:					
3. Name of Employer:	Address/Contact # & Email:				
or realing or Emproyers					
Name & Title of Immediate Supervisor:					
Type of Business:					
Duties Performed:					
Date Started:	Starting Salary:				
Date Left:	Ending Salary:				
Reason for Leaving:					

V. REFERENCE							
Do not list relatives or immediate supervisors shown on previous page							
Name	Address & Contact Numb	ers	Occupation	Years Acquainted			
May your present and/or fexplain why?	ormer employer be conta	acted?	YES o NO o	If you answer "NO",			
VI. OTHER							
	Briefly state other hel	pful info	ormation				
	•						
VII. CERTIFICATION							
ATTENTION: Re	ead the following carefu						
grounds for rating you ineligible for employment with Palau National Communications Corporation (PNCC)., or for dismissing your from PNCC employment after appointment. All statements made in this application are subject to investigation, including a check of court records and former employers. All information pertinent to this application will be considered in determining your present fitness for Palau National Communications Corporation's (PNCC's) employment.							
CERTIFICATION							
I CERTIFY, that I have read and understood the foregoing paragraph. I FURTHER CERTIFY, that all of the answers and statements made in this application are true, complete and correct to the best of my knowledge.							
PLEASE SIGN HERE							
C Date							
FOLLOWING DOCUM	ENTS MUST BE SUBMIT	<mark>ΓΕD W</mark> I	TH THIS APPLIC	CATION FORM			
Copy of Official ID with Phot	0.0						
(valid passport and/or drive	rs' license)						
Copy of ROP Social Security	Card						
Current Police Clearance							
Copy of Education/Training/	Technical Certification						
(Diploma; Degree; Certificat	ion, Licenses etc)						