



REPUBLIC OF THE MARSHALL ISLANDS  
MARSHALL ISLANDS MARINE RESOURCES AUTHORITY  
P.O. Box 860, Majuro, Marshall Islands, MH 96960  
Tel.: (692) 625 8262/5632 : Fax: (692) 625 5447

APPLICATION FOR EMPLOYMENT

This form shall be used for all applications for appointment to or within the Marshall Islands. TYPE or PRINT all answers clearly with a dark ball point pen. Answer all questions fully and accurately.

**POST APPLIED FOR:**

Ministry/Department: \_\_\_\_\_ Employment Announcement No.: \_\_\_\_\_

Job Title: \_\_\_\_\_ Pay Level: \_\_\_\_\_ Salary: \_\_\_\_\_

**PERSONAL DETAILS:**

Full Name: \_\_\_\_\_ SSS No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Tel No. (Home) \_\_\_\_\_  
\_\_\_\_\_  
(Cell) \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female

Marital Status:  Married  Single

Widowed  Separated/Divorced

Citizen of Marshall:  Yes  No

Children's Ages: \_\_\_\_\_

If NO, Nationality: \_\_\_\_\_

Next of Kin-Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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*For Official use only:* \_\_\_\_\_ *For Official Use Only:* \_\_\_\_\_



