

# DIOCESE OF SAMOA PAGO PAGO HOPE HOUSE

P.O. Box 596 Fatuaiga – Pago Pago, American Samoa 96799  
Tel: (684) 699-2101 / 699-2102 Fax: (684) 699-1459

## EMPLOYMENT APPLICATION



Please read the instructions carefully before filling in each section of this application.

### GENERAL INFORMATION FOR APPLICANTS

This application will be used for evaluation of the candidate for the position applying for one year. Submit the

- 1 Current Resume
- 2 Copy of Degree (s) earned
- 3 Two Reference letters
- 4 I.D of immigration or proof of citizenship
- 5 Any other evidence related to experience

### EQUAL EMPLOYMENT OPPORTUNITY

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

**PERSONAL INFORMATION**

Date: \_\_\_\_\_  
SSN: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Present Address: \_\_\_\_\_  
*Street City State Zip*

Permanent Address: \_\_\_\_\_  
*Street City State Zip*

Phone No: \_\_\_\_\_  
Home \_\_\_\_\_  
Other \_\_\_\_\_

Religion \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Citizenship: \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES  
 NO

ID # \_\_\_\_\_  
ID Status \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER

YES  
 NO

**JOB PREFERENCES**

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: \_\_\_\_\_

Are you currently employed?  
 YES  
 NO

If so, may we inquire of your present employer?  
 YES  
 NO

**QUALIFICATIONS AND SKILLS**

\_\_\_\_\_

List any special qualifications and, or skills related to your job preferences.

\_\_\_\_\_

Types of computer, software, and other equipment you are qualified to operate or repair.

\_\_\_\_\_

Professional licenses, certifications or registrations

\_\_\_\_\_

Additional skills, including supervision skills, other languages or information regarding the career or occupation you wish to bring to the employer's attention.

Typing Speed: \_\_\_\_\_ Per minute

**EDUCATION**

Education	Name and Location of School	No of Years Attended	Did you graduate?	Certificate/Degree
Grammar School				
High School				
College/University				
Trade, Business or Correspondence School				

**FORMER EMPLOYERS**

List below last employers, starting with last one first.

Dates of Employment	Name and Address of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

Languages Used	Speak			Write		
	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

License and Certificates	State or Other Licensing Authority	Validation Date

Do you have a valid driver's license?      \_\_\_ Yes      \_\_\_ No

Commercial driver's license      \_\_\_ Yes      \_\_\_ No

Have you been fired from any job? Yes  No

If Yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of an offense against children?

Yes  No

If Yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Are you under charges for any offense against the law?

Yes  No

**REFERENCES:**

Give the names of the three persons not related to you , whom you have known at least on year.

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

**EMERGENCY CONTACT**

In case of the accident or illness, please contact:

Name: \_\_\_\_\_  
Day time Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

"I certify that all the information submitted on this application is true and complete, and I understand that if any false information, or misrepresentations are discovered, my application may be rejected and, if I am employed my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the Company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company. I understand that no company representative, other than its president, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make agreement contrary to the foregoing".

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Interviewed by:	Date:
Remarks:	
Neatness	Ability
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position
Salary/Wage	Department:
Date Reporting to Work	
Approved: _____	
<i>Employment Manager</i>	<i>Department Head</i>
	<i>General Manager</i>