



# College of the Marshall Islands

P.O. Box 1258  
Majuro  
Marshall Islands, MH 96960

Tel: (692) 625-3031  
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**Instructions:** This application must be filled out completely, typed or printed in ink, and signed to be considered. Job announcements will be posted in the Human Resources Department and listed on our job line at [www.cmi.edu](http://www.cmi.edu). All documents submitted as a part of your application package become the property of the College and will not be returned.

## Position Title:

Select one:     Full-Time     Part-Time                      Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

## Personal Data

Name (Last, First, Middle Initial)		Are you a Republic Of The Marshall Islands (RMI) Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		If not a RMI citizen, what is your nationality/citizenship?	
City, State, Zip Code		Do you possess a valid passport? <input type="checkbox"/> Yes <input type="checkbox"/> No Country: _____                      Passport No. _____	
Home Phone	Business Phone	Cell or Message Phone	Email
List other names under which you have attended school, been employed, or known by:			
Have you been convicted of a felony or released from prison within the last 10 years? If yes, list all convictions. (Note: A conviction will not necessarily disqualify you for employment.)			
Have you ever been employed previously at College of the Marshall Islands? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, in what capacity?			
Do you have any relatives currently employed at College of the Marshall Islands or on the Board of Regents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate their name and relationship to you:			
Are you physically or otherwise able to perform the duties of the job for which you are applying? .? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			

The principles of diversity, equal employment opportunity, and nondiscrimination are fundamental to the mission, goals, and objectives of the College of the Marshall Islands. The College complies with all applicable U.S. federal and RMI laws designed to promote equal employment opportunity.

## Employment Record

List present or most recent experience first. Explain any breaks in your employment history in the appropriate order; use the "Duties" space for your explanation. Make copies of page 2 as needed for listing additional experience.

**You must complete the employment record section. Statements such as "See Resume" or "See Vita" do not substitute for completing any portion of the application.**

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone (    )	Salary or Wage Rate	Hours worked per week?
Duties: _____ _____ _____			
Reason for leaving:			

**Employment Record** – Continue with next most recent experience. Make copies of this page as needed for listing additional experience.

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone ( )	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for leaving:			

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone ( )	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for leaving:			

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone ( )	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for leaving:			

**Education**

Have you graduated high school or received a GED or equivalency certificate?     Yes     No  
 Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Type of School	Name of School/Location	From: Mo/Yr	To: Mo/Yr	Total Credits Completed*		Degree or Diploma	Major
				Quarter	Semester		
College or University (Under-graduate)							
College or University (Graduate)							
Technical, business or other school							

\*Indicate whether semester (S) or quarter (Q) credits

**Training** – Seminars, workshops, etc. (Including dates and length of training. You may attach an additional sheet if necessary.)


**Licenses and Certificates** – List all of your professional licenses, permits, and certificates.

License: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 License: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Skills** – Indicate the type, system or software package appropriate to each section below and include your level of proficiency i.e., beginning, intermediate, or advanced level user.

Keyboarding/Typing Speed	Database Software & Proficiency Level			
Word Processing Software & Proficiency Level	Spreadsheet Software & Proficiency Level			
If you are applying for a maintenance position, list the tools and equipment you are qualified to operate:				

**Professional References** – Include those work colleagues who have first hand knowledge of your skills and abilities.  
(DO NOT INCLUDE PERSONAL FRIENDS OR RELATIVES. MINIMUM OF THREE REFERENCES REQUIRED).

Name	Telephone Number ( ) Email:
Official Position & Employer	

Name	Telephone Number ( ) Email:
Official Position & Employer	

Name	Telephone Number ( ) Email:
Official Position & Employer	

Name	Telephone Number ( ) Email:
Official Position & Employer	

Name	Telephone Number ( ) Email:
Official Position & Employer	

**Applicant's Certification and Agreement**

**Please read carefully before signing**

I hereby certify that the information provided in this application and any attachment materials included as a part of the application process are true, correct and complete, and that there is no willful misrepresentation, falsification or omission of any information contained in my application materials. I am aware that should investigation disclose any misrepresentation, falsification or omission as stated or implied, such misrepresentation, falsification, or omission constitutes grounds for rejection of my application or immediate dismissal from employment.

I hereby consent to and authorize any of my current or former employers to furnish any and all information concerning my employment record. In addition, I consent to and authorize the educational institutions that I attended to furnish any and all information concerning my educational background. I release all parties connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. If employed, I release the College of the Marshall Islands from any liability for future references it may provide regarding my work history at the College. I acknowledge that I have read, understand and consent to this authorization. **A photocopy of this release shall have the same effect as the original.**

I hereby consent to a background investigation to check all information contained in or related to my application, including records of law enforcement agencies. If I am employed, I understand that employment will be on a conditional basis pending completion of the background check. I understand that should investigation disclose misrepresentation, falsification or omission, such misrepresentation, falsification or omission would constitute grounds for rejection of my application or immediate dismissal from employment.

Additionally, I understand that if my materials have been submitted via electronic format (email, fax, on-line, etc.), I will be required to provide an original signature at the time of an offer of employment. I further understand that by submission of any electronic materials I agree to the terms and conditions outlined in this document, and that the electronic submission is as valid as providing an original signature, subject to all terms and conditions as set forth in these documents. Moreover, I understand that the College may request that I provide additional information, as deemed necessary by the College, in support of my application.

In consideration of employment, I agree to abide by the rules and regulations of the College of the Marshall Islands and the Republic of the Marshall Islands and applicable U.S. federal and RMI law. I understand that no manager, supervisor, representative, or agent of the College of the Marshall Islands, other than the President of the College or his/her designee, has the authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature	Date
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# APPLICANT/RECRUITMENT DATA FORM

This form will be removed from your application and will not be forwarded to the screening committee. Your responses to this form will assist us in the evaluation of our recruitment efforts. The College of the Marshall Islands is committed to increasing the diversity of our faculty and staff and we are continually assessing successful recruitment sources and seeking new sources to enhance these efforts. Your response will remain confidential.

Name \_\_\_\_\_

Position applying for \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

**1. Recruitment Referral: Please tell us how you heard about this vacancy**

Newspaper, which one? \_\_\_\_\_

Professional/Trade Journal, which one? \_\_\_\_\_

Internet Source, which one? \_\_\_\_\_

Job Announcement posted by Agency bulletin board, which agency? \_\_\_\_\_

Other source? (please list) \_\_\_\_\_

**2. The College of the Marshall Islands is an equal opportunity and affirmative action employer with a strong commitment to the diversity of our organization. Your voluntary response to the following will assist us in data collection/reporting and in our ability to track our progress toward our affirmative action and diversity goals.**

Gender:  Male  Female Date of Birth \_\_\_\_\_

**Which race do you consider yourself to be? (Please check one)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asian Indian (600)        | <input type="checkbox"/> Hawaiian (653)   | <input type="checkbox"/> Other Asian or Pacific Islander (Please specify.)                               |
| <input type="checkbox"/> Black or African-Am (870) | <input type="checkbox"/> Japanese (611)   | <input type="checkbox"/> White (800)   |
| <input type="checkbox"/> Chinese (605)             | <input type="checkbox"/> Korean (612)   | <input type="checkbox"/> Multi-racial (Please indicate your preference for Affirmative Action purposes.) |
| <input type="checkbox"/> Filipino (608)            | <input type="checkbox"/> Native American (Print name of enrolled or principle tribe.) |  |
| <input type="checkbox"/> Guamanian (660)           | <input type="checkbox"/> Marshallese (662)  |  |

**Are you of Spanish/Hispanic Origin (Please check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> No, not Spanish/Hispanic (999)                | <input type="checkbox"/> Yes, Latino/Latina (720)                      |
| <input type="checkbox"/> Yes, Puerto Rican (727)                       | <input type="checkbox"/> Yes, Cuban (709)                              |
| <input type="checkbox"/> Yes, Mexican, Mexican-American, Chicano (722) | <input type="checkbox"/> Yes, Other Spanish/Hispanic (Please specify.) |

**Do you have a physical, sensory, or mental disability? (Check those that apply)**

- |  |                                     |                                      |   |
|--|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Ambulatory/mobility (1)     | <input type="checkbox"/> Visual (2) | <input type="checkbox"/> Hearing (3) | <input type="checkbox"/> Mental/psychological (4) |
| <input type="checkbox"/> Other (9) (Please specify.) | <input type="checkbox"/> None       |                                      |   |

**Veteran Status (Check those that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Disabled Veteran – Vietnam Era (DV) | <input type="checkbox"/> Vietnam Era Veteran (VV)       | <input type="checkbox"/> Veteran-Other than Vietnam Era (DO) |
| <input type="checkbox"/> Campaign Veteran (CV)               | <input type="checkbox"/> Disable Campaign Veteran (DCV) | <input type="checkbox"/> Not a veteran                       |