## Bank of the Marshall Islands Majuro Branch P.O. Box J Majuro, MH 96960

Telephone: (692) 625-3636/3637/3662 Fax: (692) 625-3661 E-mail: bankmar@ntamar.com

## APPLICATION FOR EMPLOYMENT (HR-Form 004)

## A. PERSONAL INFORMATION

A. I ENSONAL INI							
Full Name			Age	9 [	Date of	Birth	
Male Fen	nale	Married	Singl	e W	/idowed		
Divorced							
Name of Spouse (if a	pplicable)			ſ	Number	of children	
Father's Name			Mother's	Name			
SS #	Tel	#'s (landline	& cell phon	ie)			
Email Address		Mailing Ad	dress				
Physical Address							
Contact Information	on, in case of e	emergency:					
Name			Address				
Telephone Number			Relationship				
B. DESIRED EMPLO	OYMENT						
Position Desired							
Wage Desired (per ho	ourly)		Date Available to work				
C. EDUCATIONAL	BACKGROUND	)					
Elementary/Primary	Name of Scho	ol		Years Attend	ded Y	'ear Graduated	
High School	Name of School		Years Attended		ded Y	ear Graduated	
College	Name of Scho	ol		Years Attend	ded	Year Graduated	

Trade or Specialized School	Name of School		Years Attended	Course Studied		
D. PREVIOUS WO	RK EXPERIENCE					
Name of Employer	Supervisor's Name	Position	Pay Rate	Dates Employe		
E. REFERENCES (c	lo not use close relative	es)				
Name/Employer			Conta	Contact Number		
	<b>E OTHER HELPFUL INFO</b> 2. Knowledge of computer t					
	e. Knowledge of computer					