

## AIR MARSHALL ISLANDS, INC. *P.O. BOX 1319*

## MAJURO, MARSHALL IS. 96960 PHONE: (692) 625-3731 - FAX: (692) 625-3730

www.airmarshallislands.net

## APPLICATION FOR EMPLOYMENT

SECTION 1: POST	APPLIED FOR	R			
Department:		Employment Announcement No:			
Job Title:					
SECTION 2: PERS	SONAL DETAIL	LS			
First Name:	Last Name:		Middle Name:	Social S	ecurity No:
Gender:	Marital Status Single / Married Separated / Wido	/ Divorced /	Height:	Weight:	
Place of Birth:				Birthdat	te:
Home Address:				Home P	hone:
City:	Country/State	2	Zip Code:	Mobile	No.:
Nationality:				Email A	Address:
SECTION 3: FORM	MAL EDUCATI	ON DETAII	LS		
High School	From	To L	Degree		Subject
College/University	From	To L	Degree		Major

SE	CCTION 4: TRAINI	NG CO	URSES	/ WOR	KSHO	PS/SI	EMINAR	S ATTENDED:	
Co	ourse Title				From	То	Location/Provider		
SE	CCTION 5: EPLOYN	MENT I	DETAII	LS			1		
	ıployer	From	То	Job Ti	tle Salary Reason for Lea		Reason for Leaving		
<b>SE</b>	CCTION 6: DETAIL	S OF H	OBBIE	S, SPO	RTS OI	R SPE	CIAL IN	TERESTS:	
2									
3									
4									
5									
SECTION 8: REFERENCES			3.7		E 1411				
FI	rst Name:	Last N	ame:		Phon	e No.:		Email Address:	
	eclare that all the info best of my knowled				s applica	ation a	re true, co	emplete and accurate to	
tiit	o best of my knowledg	50 una n	1 5000 1						
Applicant's Signature Date									
Applicant's Signature				D	aic				

## Instructions

- 1. All sections must be answered accurately;
- 2. Application must be submitted along with the following items;
  - a. Cover letter
  - b. Official transcript from the most recent school attended send directly to AMI from school
  - c. Photocopy of a valid ID (Driver License, Passport or National ID card)
  - d. Photocopies of letters of completion, degree(s), diploma(s), certificate(s) from any training, workshop, and seminars attended
  - e. Photocopies of Health Clearance and Police Clearance
  - f. Two (2) reference letters from referees listed in the application
- 3. Application must be signed and returned to the Air Marshall Islands office on/before the closing date of the employment announcement;

Air Marshall Islands, Inc./ HR Department P.O. Box 1319
Majuro, MH 96960

Phone: (692) 625-3767/3782 Email: hr@airmarshallislands.net

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Of	ficial Use Only: (Please tick where applicable)		
1.	All sections answered:  □ Yes □ No		
2.	Application submitted along with the following:  □ Two reference letters □ Official transcript □ Valid ID □ Copy of qualifications □ Health Clearance and Police Clearance		
3.	Application signed:  □ Yes □ No		
Red	ceived by:		
Pri	nt name and sign	Date	