



**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

Department:	Employment Announcement No:
Job Title:	

#### SECTION 2: PERSONAL DETAILS

First Name:	Last Name:	Middle Name:	Social Security No:
Gender:	Marital Status: (circle one) Single / Married / Divorced / Separated / Widowed	Height:	Weight:
Place of Birth:			Birthdate:
Home Address:			Home Phone:
City:	Country/State	Zip Code:	Mobile No.:
Nationality:			Email Address:

#### SECTION 3: FORMAL EDUCATION DETAILS

<i>High School</i>	<i>From</i>	<i>To</i>	<i>Degree</i>	<i>Subject</i>
<i>College/University</i>	<i>From</i>	<i>To</i>	<i>Degree</i>	<i>Major</i>

**SECTION 4: TRAINING COURSES / WORKSHOPS / SEMINARS ATTENDED:**

<i>Course Title</i>	<i>From</i>	<i>To</i>	<i>Location/Provider</i>

**SECTION 5: EMPLOYMENT DETAILS**

<i>Employer</i>	<i>From</i>	<i>To</i>	<i>Job Title</i>	<i>Salary</i>	<i>Reason for Leaving</i>

**SECTION 6: DETAILS OF HOBBIES, SPORTS OR SPECIAL INTERESTS:**

1	
2	
3	
4	
5	

**SECTION 8: REFERENCES**

<i>First Name:</i>	<i>Last Name:</i>	<i>Phone No.:</i>	<i>Email Address:</i>

I declare that all the information provided in this application are true, complete and accurate to the best of my knowledge and in good faith.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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](mailto:hr@airmarshallislands.net)

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**Official Use Only:** (Please tick where applicable)

1. All sections answered:
  - Yes
  - No
2. Application submitted along with the following:
  - Cover letter
  - Two reference letters
  - Official transcript
  - Valid ID
  - Copy of qualifications
  - Health Clearance and Police Clearance
3. Application signed:
  - Yes
  - No

Received by:

\_\_\_\_\_

Print name and sign

\_\_\_\_\_

Date