



# EMPLOYMENT APPLICATION

**AMERICAN SAMOA GOVERNMENT  
DEPARTMENT OF HUMAN RESOURCES  
A.P. LUTALI EXECUTIVE OFFICE BUILDING, 2<sup>ND</sup> FLOOR  
PAGO PAGO, AS 96799**

**PHONE (684) 633-4485 FAX (684) 633-1139**

Please read all instructions carefully and answer each question concisely. If you need additional space, please use Section 14 or attach an extra sheet of paper to your application. Please be sure to identify the specific question you are providing additional information for.

Please type or print your responses clearly in the space provided. If a question does not apply to you please write **NA** in the space provided, meaning *Not Applicable*. By submitting this application, you are in no way obligating yourself nor is its acceptance by the American Samoa Government (ASG) to be interpreted as a commitment of any kind. This application is simply to evaluate your candidacy for a position within ASG.

Non-resident applicants be advised that marital information should be submitted on a supplemental form. If you need assistance to complete this application, please contact a Department of Human Resources – Personnel Division representative.

**Please note that incomplete applications will not be processed.** To be considered complete, an application must also include:

1. Birth Certificate or Passport
2. Valid Photo Identification
3. Copies of Educational Diploma(s), Degree(s), Certificate(s) and an Official transcript
  - Applicants not educated in the U.S.A. must also submit an Educational Certification Evaluation (ECE) to determine the equivalency of the degree(s) and or certificate(s) earned.
4. A copy of your Immigration ID and Immigration Board hearing result (if you are not a US Citizen/National)
5. Resume (**optional**)
6. Three Letters of Recommendation (**optional**)

## ***EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER***

The ASG provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics, except for bona fide occupational or legal requirements. Pursuant to the American Samoa Code Annotated, Section 7.0204(b), and as an integral part of our EEO policy, ASG shall employ residents of American Samoa who are American Samoans or United States Nationals, and shall employ other persons only when no American Samoans or United States Nationals who meet the minimum qualifications for a particular class of work can be found.

**1. PERSONAL INFORMATION**

Mr. Mrs. Miss.	LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME
ADDRESS (P.O. BOX)		CITY OR VILLAGE	ZIP CODE
DATE OF BIRTH	PLACE OF BIRTH	CELL PHONE	

**2. JOB PREFERENCE**

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).

1.	3.
2.	4.

**3. EDUCATION**

HIGH SCHOOL, COLLEGE OR UNIVERSITY	LOCATION	DATES ATTENDED		NUMBER OF CREDITS COMPLETED	DEGREE OR CERTIFICATE EARNED
		FROM	TO		

**4. JOB SKILLS/LICENSES**

LICENSES AND CERTIFICATES	STATE OR OTHER LICENSING AUTHORITY	VALIDATION DATE

List any special qualifications and skills (skills with tools, word processing, dictation machine or other equipment):

**5. PERSONAL REFERENCES (other than relatives and past employers)**

FULL NAME	CONTACT INFO: Address/Tel/Fax/Email	BUSINESS/OCCUPATION

6.	Are you a current or previous employee of the American Samoa Government?	__YES __NO
7.	Within the last five (5) years have you been fired from any job for any reason? If <b>yes</b> , please explain:	__YES __NO
8.	Within the last five (5) years have you resigned from any job after having been notified that you would be suspended or terminated? If <b>yes</b> , please explain:	__YES __NO
9.	Have you ever been convicted of a crime or forfeited collateral, or are you now being charged with any crime other than a minor traffic offense? You may answer <b>No</b> if the conviction occurred before your 21 <sup>st</sup> birthday. If <b>Yes</b> , please explain:	__YES __NO
10.	If you were a member of the military were you honorably discharged? If <b>No</b> , please explain:	__YES __NO

**11. EMPLOYMENT HISTORY:** (Start from your most recent employment, give a complete record of your employment history and periods of unemployment. If additional space is needed, please attach your own sheet using the same format.)

EMPLOYER	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB DUTIES
ADDRESS			
TELEPHONE NUMBER(S)/EMAIL	PART TIME OR FULL TIME		
JOB TITLE	SUPERVISOR		
NUMBER OF EMPLOYEES SUPERVISED	REASON FOR LEAVING		
EMPLOYER	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB DUTIES
ADDRESS			
TELEPHONE NUMBER(S)/EMAIL	PART TIME OR FULL TIME		
JOB TITLE	SUPERVISOR		
NUMBER OF EMPLOYEES SUPERVISED	REASON FOR LEAVING		
EMPLOYER	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB DUTIES
ADDRESS			
TELEPHONE NUMBER(S)/EMAIL	PART TIME OR FULL TIME		
JOB TITLE	SUPERVISOR		
NUMBER OF EMPLOYEES SUPERVISED	REASON FOR LEAVING		

May we contact your current and previous employers to verify information?      YES      NO

(If your current or previous employers are not contacted before an offer of employment is made, any potential offer of employment will be subject to DHR contacting such employers and may be withdrawn based on the information received from such employers.)

The following information is needed for the ASG Affirmative Action Program. This information is not intended to prevent anyone from employment, but to ensure equal employment opportunities. Only when the information below is directly related to the minimum qualifications of a specific position will this information be made available to a selecting official. In all cases of employment, however, first consideration shall be given to persons eligible for permanent residence within the US Territory of American Samoa.							
12.	ETHNICITY:	Polynesian <u>    </u>	Caucasian <u>    </u>	Asian <u>    </u>	African American <u>    </u>	Hispanic <u>    </u>	Other <u>                    </u>
13.	CITIZENSHIP:	United States <u>        </u>	American Samoa <u>        </u>	Other (Immigration Status) <u>                    </u>			

By signing below, I certify that the answers I have given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision. I understand that ASG's application process may include a drug screen and background investigation, and that if I fail the drug screen or fail to disclose information regarding previous convictions, my application for employment may be denied, or my position of employment with ASG may be terminated. I understand that employment will be conditional upon the successful completion of reference and employment checks in addition to a criminal background investigation. I understand that I must meet the minimum qualifications for any position I am offered. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all the rules and regulations of ASG and the department or agency to which I may be employed.

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

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