



Post

GOVERNMENT OF KOSRAE
Office of Personnel and Employment Services
Post Office Box AD – Kosrae, Federated States of Micronesia 96944
Telephone: (691) 370-3401 – Facsimile (691) 370-3162 – Telex 729-6874 GOVKOS FM

EXAMINATION ANNOUNCEMENT
Examination Announcement Number
| 2 | 0 | 1 | 7 | - | 0 | 9 | 3 |
Opening Date
| 12 | - | 4 | - | 17 |
Closing Date
| 12 | - | 18 | - | 17 |

It is the policy of the Government that qualified FSM citizen be given first priority for employment consideration; with other Micronesians and U.S. citizens utilized in positions for which no qualified FSM citizens are available.

POSITION AND SALARY: General Practitioner PL- Ungraded \$35,000-\$42,000 Ann.

This is the minimum rate at step one of the grade. Higher rates may be authorized in cases of hard-to-fill positions where it is appropriate to the qualifications of the appointee.

LOCATION: Kosrae CHC

DUTIES: Diagnose and treats variety of diseases and injuries in general practice; Examines patients, using medical instruments and equipment; determines need for laboratory and x-ray tests, orders tests & interprets results; administers or prescribes treatments and drugs; coordinates all medical activities in accordance with established policies and procedures and recognized medical protocols; ensures that protocol for patient care is followed; completes CHC site patient encounter, vital statistics, public health, personnel reports correctly and on time; advise patients and community members concerning diet, activity, hygiene, and disease prevention; and to instructs nursing staff in various medical procedures & techniques.

QUALIFICATION REQUIREMENTS: Graduate of a Recognized Medical School; Post-graduate training in psychiatry, psychology, endocrinology and cardiology preferred; and at least 5 years experience as a GP

HOW TO APPLY:

Application forms can be obtained from the Division of Personnel, Tofol, Kosrae.



FEDERATED STATES OF MICRONESIA
KOSRAE STATE
EASTERN CAROLINE ISLANDS 96944

APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: READ THE CERTIFICATE AT THE END OF THIS APPLICATION BEFORE FILLING IT IN. TYPE OR PRINT ALL ANSWERS CLEARLY WITH A DARK BALLPOINT PEN. ANSWER ALL QUESTIONS FULLY AND ACCURATELY, SIGN AND SUBMIT TO THE KOSRAE STATE PERSONNEL OFFICE. IF YOU CHANGE YOUR ADDRESS AFTER SUBMITTING, NOTIFY THE PERSONNEL DIVISION AS SOON AS POSSIBLE.				DO NOT WRITE IN THIS SPACE		
1. NAME OF JOB APPLIED FOR (or Title of Examination)			2. ANNOUNCEMENT NUMBER			
3. OTHER JOBS IN WHICH YOU ARE INTERESTED						
4. NAME (First, Middle, Maiden, Last)			5. SOCIAL SECURITY NUMBER			
6. MAILING ADDRESS (P.O. Box Number or Number and Street)						
8. MUNICIPALITY AND DISTRICT (or city and State)				Zip Code		
PHONE NUMBER (circle the best number to reach you) Home _____ Cell _____ Work _____						
10. E-MAIL ADDRESS						
PERSON ALWAYS ABLE TO CONTACT YOU (name, address, phone number)						
LIST ALL OTHER NAMES YOU ARE OR HAVE BEEN KNOWN BY				Have you ever been convicted of a criminal offense or forfeited bail? (A criminal record will not necessarily bar you from employment, but a false or dishonest answer will). If yes, please list the year(s) and nature of offense(s). Yes <input type="checkbox"/> No <input type="checkbox"/>		
CITIZENSHIP FSM <input type="checkbox"/> United States <input type="checkbox"/> Other (specify) <input type="checkbox"/>						
19. LANGUAGE PROFICIENCY		Indicate your knowledge by placing "X" in the proper columns.				
		Read	Speak			Understand
ENGLISH						
KOSRAEAN						
21. HAVE YOU EVER BEEN FIRED OR QUIT A JOB TO AVOID BEING FIRED FOR ANY OF THE FOLLOWING REASONS (SELECT ALL THAT APPLY)?						
QUALITY OF WORK <input type="checkbox"/>		ATTENDANCE <input type="checkbox"/>		CONFLICT WITH SUPERVISOR OR CO-WORKERS <input type="checkbox"/>		
POLICY VIOLATION <input type="checkbox"/>		OTHER (PLEASE SPECIFY):				
22. PLEASE ANSWER THIS QUESTION ONLY AFTER THOROUGHLY REVIEWING THE ANNOUNCEMENT OF THE VACANCY YOU ARE APPLYING FOR. ARE YOU PHYSICALLY AND MENTALLY ABLE TO PERFORM THE DUTIES LISTED FOR THIS POSITION? Yes <input type="checkbox"/> No <input type="checkbox"/>						
25. LOWEST PAY YOU WILL ACCEPT		26. WILL YOU TRAVEL? (Check one) None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>		27. WHEN WILL YOU BE AVAILABLE?		

29. EDUCATION AND TRAINING- NOTE THAT IF A DEGREE IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING, A COPY OF THE ACTUAL DEGREE MUST BE ATTACHED TO YOUR APPLICATION. TRANSCRIPTS MAY NOT BE SUBSTITUTED FOR DEGREES AND FAILING TO SUBMIT ALL REQUIRED DOCUMENTATION WILL DELAY PROCESSING/CONSIDERATION.

(A) Highest level of education completed:		(B) Name and location of last school attended:	If degree received, give date:
Less than High School Diploma	<input type="checkbox"/> Associate Degree	Major, subject, or course of study:	
Graduated High School	<input type="checkbox"/> Bachelor Degree		
Some college coursework	<input type="checkbox"/> Graduate Degree		
(C) Name and location of College or University attended (if different than last school attended):		Major, subject, or course of study:	If degree received, give date:
(D) Name and location of other schools attended (trade, vocational, business, military, correspondence)		Major, subject, or course of study:	If certificate received, give date:

(E) Special qualifications, skills, honors (licenses, office equipment, vehicles, construction equipment, etc)

30. EXPERIENCE: Fill in each block carefully and completely. Start with your present or most recent employer and work back. Describe your work, listing your most important duties first. If you supervised others, explain your supervisory responsibilities as well. If you worked under a different name from the name in item 4, print the former name at the end of the "Description of Work" box.

1	Dates of Employment (Month, Year) From To present	Position Title	Do not write in this space
	Final Salary \$ per	Name of Employer	
Employer Location		Name/Title of Immediate Supervisor	
Reason for Leaving			
Description of Work			

IF ADDITIONAL SPACE IS NEEDED FOR EDUCATION OR EXPERIENCE, USE A PLAIN PIECE OF PAPER
APPROXIMATELY THE SIZE OF THIS PAGE AND ATTACH HERE. PRINT YOUR NAME ON EACH SHEET.

2	DATES OF EMPLOYMENT (Month, Year)		Position Title	Do not write in this space
	From	To		
Final Salary \$ per			Name of Employer	
Employer Location			Name/Title of Immediate Supervisor	
Reason for Leaving				
Description of Work				
3	DATES OF EMPLOYMENT (Month, Year)		Position Title	Do not write in this space
	From	To		
Final Salary \$ per			Name of Employer	
Employer Location			Name/Title of Immediate Supervisor	
Reason for Leaving				
Description of Work				
4	DATES OF EMPLOYMENT (Month, Year)		Position Title	Do not write in this space
	From	To		
Final Salary \$ per			Name of Employer	
Employer Location			Name/Title of Immediate Supervisor	
Reason for Leaving				
Description of Work				

5	DATES OF EMPLOYMENT (Month, Year)		Position Title	Do not write in this space
	From	To		
Final Salary: \$ per			Name of Employer	
Employer Location			Name/Title of Immediate Supervisor	
Reason for Leaving				
Description of Work				
31. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB FOR WHICH YOU ARE APPLYING.				
Full Name		Email Address/Phone		Business or occupation
32. MAY YOUR PRESENT EMPLOYER BE CONTACTED? Yes <input type="checkbox"/> No <input type="checkbox"/>				
ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.				
<p>I, _____ (print name), understand that a false answer or statement, or attempt to practice deception or fraud in this application is grounds for rating me ineligible for employment with The State of Kosrae or for dismissing me from employment after appointment. All statements made in this application are subject to investigation, including a check of court records and former employers. All information pertinent to this application will be considered in determining my present fitness for employment with The State of Kosrae.</p>				
CERTIFICATION				
I CERTIFY that I have read and understood the foregoing paragraph. I FURTHER CERTIFY that all of the answers and statements made in this application are true, competent and correct to the best of my knowledge and are made in good faith.				
PLEASE SIGN HERE	Signature of Applicant (Do not print)			DATE (Month, Day, Year)