

# EMPLOYMENT APPLICATION



**AMERICAN SAMOA GOVERNMENT**  
**DEPARTMENT OF HUMAN RESOURCES**  
Pago Pago, American Samoa 96799

Employment Service Branch: 684-633-4485  
Contract Recruitment Branch: 684-633-5357

## **IMPORTANT**

Please read the instructions carefully before filling in each section. Answer each question briefly, but as completely as possible. If you need additional space, use that provided by Section 14 or attach an extra sheet of paper to the application. (Be sure to identify the section number of the question you are answering in Section 14.) Type or print clearly your answers in the spaces provided. If an item does not apply to you or if there is no information to be given, please write in the letters, "N.A." (for "Not Applicable"). This application will be used for evaluation only. You are in no way obligating yourself by submitting it nor is its acceptance by the American Samoa Community College to be interpreted as a commitment of any kind. Non-resident applicants are asked to include marital and dependent information on a supplementary form. If you need information about employment or assistance to complete this application form, contact a representative of the American Samoa Community College Human Resource Office. A completed application require the following attached documents:

### **EQUAL EMPLOYMENT OPPORTUNITY**

There shall be no discrimination in employment against any person on the basis of race, religious beliefs, political beliefs, color, age, sex, national origin, marital status, or physical and mental handicap, except for bona fide occupational or legal requirements.



6. EXPERIENCE: Start with your PRESENT position and work back. Account for periods of unemployment in Section 14.  
 May inquiry be made of your present employer regarding your character, qualifications and record of employment?  
 (A "No" answer will not affect your consideration for employment opportunities.)

Yes  No

a.

Dates of Employment (month, year)	Exact Title of Position
From _____ To Present Time _____	
Present Salary \$ _____ per _____	Kind of Business or Organization (Manufacturing, Accounting, Insurance, etc.)
Number of Employees Supervised	
Name of Immediate Supervisor	Area Code and Phone Number if Known
Name of Employer and Address	Reason for Wanting to Leave
Description of Duties, Responsibilities and Accomplishments: _____	
_____	
_____	

b.

Dates of Employment (month, year)	Exact Title of Position
From _____ To Present Time _____	
Present Salary \$ _____ per _____	Kind of Business or Organization (Manufacturing, Accounting, Insurance, etc.)
Number of Employees Supervised	
Name of Immediate Supervisor	Area Code and Phone Number if Known
Name of Employer and Address	Reason for Wanting to Leave
Description of Duties, Responsibilities and Accomplishments: _____	
_____	
_____	

c.

Dates of Employment (month, year)	Exact Title of Position
From _____ To Present Time _____	
Present Salary \$ _____ per _____	Kind of Business or Organization (Manufacturing, Accounting, Insurance, etc.)
Number of Employees Supervised	
Name of Immediate Supervisor	Area Code and Phone Number if Known
Name of Employer and Address	Reason for Wanting to Leave
Description of Duties, Responsibilities and Accomplishments: _____	
_____	
_____	

d.

Dates of Employment (month, year) From _____ To Present Time _____	Exact Title of Position _____
Present Salary \$ _____ per _____	Kind of Business or Organization (Manufacturing, Accounting, Insurance, etc.) _____
Number of Employees Supervised _____	
Name of Immediate Supervisor _____	Area Code and Phone Number if Known _____
Name of Employer and Address _____ _____	Reason for Wanting to Leave _____ _____
Description of Duties, Responsibilities and Accomplishments: _____ _____ _____	

e.

Dates of Employment (month, year) From _____ To Present Time _____	Exact Title of Position _____
Present Salary \$ _____ per _____	Kind of Business or Organization (Manufacturing, Accounting, Insurance, etc.) _____
Number of Employees Supervised _____	
Name of Immediate Supervisor _____	Area Code and Phone Number if Known _____
Name of Employer and Address _____ _____	Reason for Wanting to Leave _____ _____
Description of Duties, Responsibilities and Accomplishments: _____ _____ _____	

7. LANGUAGES USED	Speaking			Writing		
	Excellent	Fair	Poor	Excellent	Fair	Poor
Samoan	Excellent <input checked="" type="checkbox"/>	Fair _____	Poor _____	Excellent <input checked="" type="checkbox"/>	Fair _____	Poor _____
English	“ <input checked="" type="checkbox"/>	“ _____	“ _____	“ <input checked="" type="checkbox"/>	“ _____	“ _____
Other	“ _____	“ _____	“ _____	“ _____	“ _____	“ _____

8. REFERENCES: Your selection of references is very important. Choose people who really know your capabilities and talents. Be sure to let your references know that they will be contacted by a representative of this office. Urge them to respond promptly. Do not repeat names of supervisors listed under Section 6.

Full Name	Present Business or Home Address (Number, Street, City, State & Zip)	Business or Occupation
<b>Meridian Aliitaeao Ofisa</b>	<b>Fitiuta Manua; Pago Pago AS 96799</b>	<b>Retail Store Owner</b>
Tautua Fuiava	<b>Faleasao Manua; Pago Pago AS</b>	<b>Grounds keeping Supervisor</b>
<b>Nomeneta Sunu'i</b>	<b>Fitiuta Manua; Pago Pago AS 96799</b>	<b>ASDOE Teacher</b>



15. MR. <input type="checkbox"/> MISS <input checked="" type="checkbox"/> MRS. <input type="checkbox"/>	LAST NAME <b>EDILMA</b>	FIRST NAME <b>LOGOLEO</b>	MAIDEN <b>DOMINIQUE</b>
HOME PHONE (WITH AREA CODE) <b>684.677.3420</b>	ADDRESS (NUMBER, STREET OR POST OFFICE BOX) <b>FITIUTA POST OFFICE</b>		
OFFICE PHONE (WITH AREA CODE)	CITY OR VILLAGE, STATE <b>PAGO PAGO AMERICAN SAMOA</b>	ZIP CODE <b>96799</b>	
SOCIAL SECURITY NUMBER <b>575-55-7263</b>	BIRTHPLACE <b>LBJ T.M.C – PAGO PAGO AMERICAN SAMOA</b>	DATE OF BIRTH	
LEGAL VOTING RESIDENCE <b>AM. SAMOA – DISTRICT #1</b>	HEIGHT WITHOUT SHOES <b>5' 4"</b>	WEIGHT <b>220 LBS</b>	

The following information is needed for the government of American Samoa's Affirmative Action Program. This information is not intended to prevent anyone unlawfully from employment. It is to insure equal employment opportunity. 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 Territory of American Samoa.

16. ETHNIC ORIGIN (CHECK ONE):

POLYNESIAN XXXX CAUCASIAN \_\_\_\_\_ BLACK \_\_\_\_\_ ASIAN \_\_\_\_\_ OTHER \_\_\_\_\_

17. CITIZENSHIP: NATL

AMERICAN SAMOA XXXXX UNITED STATES \_\_\_\_\_ OTHER \_\_\_\_\_

18. IF YOU WERE NOT BORN IN AMERICAN SAMOA, COMPLETE THE FOLLOWING:

a. Was one of your parents born in American Samoa? Yes  No

b. Are you married to an American Samoan? If yes, give name and village of spouse. Yes  No   
\_\_\_\_\_

c. Were you legally adopted by an American Samoa? Yes  No

d. Has the Immigration Board granted you permanent residence in American Samoa? Yes  No   
Documents will be required in support of a yes answer.

**ATTENTION:** After completing all questions, please sign and date. A false answer to any question may be grounds for non-employment or for dismissal after employment. All statements are subject to investigation, including a check of police records and former employers.

BY SIGNING BELOW I CERTIFY THAT ALL THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE AMERICAN SAMOA GOVERNMENT, DEPARTMENT OF HUMAN RESOURCES, IS AUTHORIZED TO VERIFY MY CREDENTIALS AND PRIOR EMPLOYMENTS SET FORTH IN THIS APPLICATION.

\_\_\_\_\_  
Signature Date