



FEDERATED STATES OF MICRONESIA  
DEPARTMENT OF JUSTICE  
DIVISION OF IMMIGRATION AND LABOR  
Palikir, Pohnpei FM 96941

**APPLICATION TO EMPLOY NON-RESIDENT WORKER(S)  
AND  
EMPLOYER'S NON-RESIDENT WORKER AGREEMENT**

**IMPORTANT:** This application is limited to employment of non-resident workers in one occupational category (job classification) only. In accordance with the provisions of Title 51, FSM Code, non-resident workers must report to work in the F.S.M. no later than sixty (60) days after the effective date of the National Government Endorsement (see page 2).

**SECTION A-APPLICATION**

1. Name of Employer: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Location where alien will work (list each state if more than one): \_\_\_\_\_
4. Current Size of Organization: Annual Sales or Income\$ \_\_\_\_\_  
No. of Resident Workers: \_\_\_\_\_  
No. of Non-Resident Workers: \_\_\_\_\_  
Total No. of Employees: \_\_\_\_\_
5. Foreign Business Permit No. \_\_\_\_\_
6. Government Contract No. (if applicable): \_\_\_\_\_
7. State or Municipal Business Permit No. \_\_\_\_\_
8. Brief non-technical description of the nature of employer's business or activity: \_\_\_\_\_
9. Exact dates you expect to employ alien(s) (Not to exceed one year): From: \_\_\_\_\_ To: \_\_\_\_\_
10. Job Classification: \_\_\_\_\_
11. No. of openings to be filled: \_\_\_\_\_
12. Describe fully the job to be performed:  
Duties: \_\_\_\_\_
13. Equipment operated: \_\_\_\_\_ Working conditions: \_\_\_\_\_
14. State in detail the minimum requirements for worker to perform satisfactorily the job duties described above:  
Education and Training: \_\_\_\_\_  
Work Experience: \_\_\_\_\_  
Specify any other special requirements: \_\_\_\_\_
15. Describe efforts you have made to fill job with a resident worker: \_\_\_\_\_
16. What is the regularly scheduled work week and hours? Days: From \_\_\_\_\_ to \_\_\_\_\_. Hours: From \_\_\_\_\_ to \_\_\_\_\_
17. Rate of pay: Regular \$ \_\_\_\_\_ per \_\_\_\_\_  
Overtime \$ \_\_\_\_\_ per \_\_\_\_\_
18. Additions to basic rate of pay (commissions, price rate, etc.): \_\_\_\_\_
19. Employee's salary is subject to the following deductions: Housing: \_\_\_\_\_ Board: \_\_\_\_\_ Transportation: \_\_\_\_\_ Other: \_\_\_\_\_

**SELECTION B- HEALTH SERVICES LIVING QUARTERS CLEARANCE**

When employer's total number of non-resident workers exceeds twelve (12), this application must be accompanied by a living quarters inspection clearance issued by the State Director of Health Services. A request for clearance should be directed to the State Chief Sanitarian who will arrange for a physical inspection of living quarters facilities.

**SELECTION C- EMPLOYER'S AGREEMENT**

In consideration of being allowed to employ non-resident workers I agree and certify to the following:

- (1) That the information contained in Section A is true;
- (2) That non-resident workers are required immediately in the job classification stated in item 10, and they will be placed on the payroll at the wages stated in item 17 on the date they report for work in the company for which they were hired in the Federated States of Micronesia.
- (3) That I will comply with the minimum employment conditions and other requirements of Title 51, as amended, of the F.S.M. Code, and other applicable laws, regulations, and policies of the Federated States of Micronesia and its political subdivisions;
- (4) That alien workers will be employed only in the job classification stated in item 10 and will not be permitted to work in any other capacity either under my employ or otherwise;
- (5) That in keeping with the intent of the Protection of Resident Workers Act, alien workers employed under this agreement shall be utilized to train resident workers under their supervision;
- (6) That I accept full responsibility and will pay expenses for the prompt return of non-resident workers to their original point of hire at the direction of the Governor and/or the Administrator of Labor Division, or upon termination of their employment as approved by the F.S.M. Government; and I guarantee that their stay in the Federated States of Micronesia will result in no expense to the Government.
- (7) That I will maintain the records required by Section 154 of Title 51, F.S.M.C. and will make them available to the Employment Service Officer or the Administrator of Labor immediately upon demand.
- (8) That this agreement allows me to fill the number of positions in the job classification and for the time period as specified in Section E.
- (9) That forty-five days before this agreement expires, I must file a new application with the State Employment Service Officer who will attempt to fill the position with a qualified resident worker; and,
- (10) That I will submit to the State Employment Service Office three copies of the non-resident worker's contract of employment which shall include as a minimum: the job title, the duration of the contract, the location of the work, the weekly hours schedule, the wage for regular and overtime work, any deductions for living costs and statement that the employee's pay is subject to F.S.M. income tax.

I have attached:

- (1) Non-resident worker's affidavit
- (2) Employment contract with non-resident worker
- (3) Health Services living quarters clearance  
(when applicable)

Signed: \_\_\_\_\_

Typed Name: \_\_\_\_\_  
Employer

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

**Penalties:** Any employer who willfully violates any of the provisions of Title 51 of the F.S.M. Code or any of the rules and regulations issued pursuant thereto; upon conviction thereof, shall be fined not more than two thousand dollars or imprisoned for not more than six months, or both.

**SECTION D- STATE ENDORSEMENT**

State: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Job Classification: \_\_\_\_\_ Number of Positions: \_\_\_\_\_

Announcement No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Qualified Resident Worker: Available: \_\_\_\_\_ Unavailable: \_\_\_\_\_

Agreement No. \_\_\_\_\_

\_\_\_\_\_  
State Employment Service Officer Date

\_\_\_\_\_  
FSM Immigration Date

\_\_\_\_\_  
Governor Date

**SECTION E- NATIONAL GOVERNMENT ENDORSEMENT**

Job Classification : \_\_\_\_\_

Number of Positions : \_\_\_\_\_

Date of Approval : \_\_\_\_\_

Date of Expiration : \_\_\_\_\_

\_\_\_\_\_  
Administrator, Labor

