



PSG - 002

POHNPEI STATE GOVERNMENT

Department of Treasury & Administration
Kolonia, Pohnpei FSM 96941

PHOTOGRAPH OF APPLICANT

1 1/2 X 1 1/2
PHOTO

Must be signed
by the applicant

NONRESIDENT WORKERS AFFIDAVIT (Application for Labor Certification and Entry for Employment)

Print legible in ink or use a typewriter. If you need more space to fully answer any questions on this form, use a separate sheet. Identify each answer with the number of the corresponding questions. Affidavit must be submitted in original and four copies.

1. Family name in capital letters NAME		First	Middle Name	
2. Number and Street PRESENT ADDRESS	City or Town	State and Zip Code	Country	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		5. Alien's Birthdate Month, Day, Year	6. Birthplace City or Town	State or Province Country
7. Present Nationality or Citizenship (Country)		8. Passport No.	Date Issued	Place Issued
9. Name and Address of Employer			10. Job Title	

11. I understand that this Affidavit is submitted for employment only in the position states in item 10 and only with the employer states in item 9 and while under contract to that employer, I am prohibited by law from working for or being employed by any other employer during the term of such contract. I further understand that in keeping with the intent of the Pohnpei Residents Employment Act my duties will include the training of resident workers.

12. Name and Address of School, College and Universities Attended, include Trade or Vocational Training Facilities	Field or Study	From Mo. Yr.	To Mo.	Degrees or Certificates

SPECIAL QUALIFICATIONS AND SKILLS

13. Additional qualifications and skills Alien possesses and proficiency in the use of tools, machines or equipment which would help establish, if, Alien meets requirements for occupation in item 10.

14. List Licenses (Professional, journeyman, etc.)

15. List documents attached which are submitted as evidence that Alien possesses the Education, Training, experience and abilities represented.

16. List all jobs held which relate to work experience in the occupation indicated in item 10. A minimum of two (2) years work experience in the specific occupation is required by law.

Name and Address of Employer

Title of Job	Date Started Mo. Yr.	Date Left Mo. Yr.	Kind of Business
Describe in detail the duties performed, including the use of tools, machines or equipment.			No. of Hours Per Week

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Title of Job	Date Start	Date Left	Kind of Business
Describe in detail the duties performed, including the use of tools, machines or equipment.		No. of Hours Per Week	

17. List of dependents (Spouse, Children, etc.) Name	Date of Birth	Relationship	Address	Citizenship	Will reside with you in Micronesia	
					Yes	No

PLEASE NOTE: It is the responsibility of the non-resident worker to amend this list of dependents as changes occur, by filling a letter of amendment with the State Employment Service Office.

18. POLICE RECORD
I declare that I have not been convicted of a felony or other crime involving moral turpitude. I have attached a statement of clearance from the Police Authorities at my residence.

19. HEALTH CERTIFICATION
I have complied with applicable Pohnpei State Law by attaching to this affidavit Certificates of Freedom from Communicable Disease, for myself and members of my family, who are being admitted to the Federated States of Micronesia. The certificates have been executed and validated by a physician licensed to practice medicine in my country of origin on a date not more than thirty days, preceding my expected date of entry into the Federated States of Micronesia. Myself and each member of my family authorized to enter the Federated States of Micronesia will report to the State Health Services Office (or Hospital) for a physical examination within ten days after entry into Pohnpei State.

IMMIGRATION INFORMATION

20. Have you ever applied for Federated States of Micronesia entry permit before?
If yes, when and for what purpose: _____ Yes ___ Was the entry permit Granted? ___ Denied? ___ Revoked? ___
No ___

If granted what is the entry permit No: _____ Date of expiration _____ Work Permit No: _____ Date of expiration: _____
(if applicable)

DECLARATION

DECLARATION OF NONRESIDENT WORKER: Under penalties of perjury, I declare that I have examined this application, supplements thereto and accompanying documents, and to the best of my knowledge and belief, the information thereon is true, correct, and complete.

Signature Date

Subscribed and sworn to before me, a notary public in and for the _____ Location
of _____ this _____ day of _____ 20_____
Country

My commission expires on _____ Notary Public

