



AMERICAN SAMOA POWER AUTHORITY

PO BOX PPB, Pago Pago, American Samoa 96799

EMPLOYMENT APPLICATION

ASPA Human Resources

Ph: (684) 699-3033

Email: humanresource@aspower.com

*ASPA provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws except for bona fide occupational or legal requirements. **IMPORTANT:** Please read the instructions carefully before filling in each section. Answer each question briefly, but as completely as required. Type or print clearly your answers in the space provided. If an item does not apply to you or if there is no information to be given, please write in the space provided, N/A, meaning 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 Power Authority to be interpreted as a commitment of any kind. If you need information about employment or assistance to completing this application form please contact the Department of Human Resources.*



AMERICAN SAMOA POWER AUTHORITY
APPLICATION FOR EMPLOYMENT

DOCUMENTS REQUIRED

Please attach the following documents with your application:

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate/Passport | <input type="checkbox"/> Diploma(s) |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Resume (Optional) |
| <input type="checkbox"/> Photo ID | <input type="checkbox"/> Any relevant certifications |

PERSONAL INFORMATION

Mr. Mrs. Miss (please circle)	Last Name:	First Name:	MI:	Suffix:
Phone Number(s):	Address (Street or Post Office Box Number):			
Email Address:	City or Village, State:		Zip Code:	
Social Security No. XXX-XX-	Birthplace:		Date of Birth:	

EMPLOYMENT DESIRED

Please list the types of jobs which, as an employee, you would feel most qualified to perform by order of preference.

First	
Second	
Third	

How did you hear about the positions you listed above? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Samoa News | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> ASPA Website | <input type="checkbox"/> HR Bulletin Board |
| <input type="checkbox"/> ASPA's Facebook Page | <input type="checkbox"/> Other: _____ |

EDUCATION

Please indicate the highest school grade completed. 12 13 14 15 16+ Other: _____

Name of College or University	Start Date	End Date	# of Credits	Years/Degree earned

Use the space below to list any special qualifications, licenses, certificates, skills, special schools, or training you have attained. Please be specific and list the date, location, and any other pertinent information:



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APPLICATION FOR EMPLOYMENT

EXPERIENCE

Please complete the following section in reverse chronological order with your most recent employment listed first.

Dates of employment (month, year) From: _____ To: _____	Job Title:
Present Salary: \$ _____ per _____	Employer:
Number of employees supervised:	Address:
Name of immediate supervisor:	Contact Info. Tel: _____ Email: _____
Reason for wanting to leave:	
Job Duties:	

Dates of employment (month, year) From: _____ To: _____	Job Title:
Present Salary: \$ _____ per _____	Employer:
Number of employees supervised:	Address:
Name of immediate supervisor:	Contact Info. Tel: _____ Email: _____
Reason for wanting to leave:	
Job Duties:	

Dates of employment (month, year) From: _____ To: _____	Job Title:
Present Salary: \$ _____ per _____	Employer:
Number of employees supervised:	Address:
Name of immediate supervisor:	Contact Info. Tel: _____ Email: _____
Reason for wanting to leave:	
Job Duties:	

Dates of employment (month, year) From: _____ To: _____	Job Title:
Present Salary: \$ _____ per _____	Employer:
Number of employees supervised:	Address:
Name of immediate supervisor:	Contact Info. Tel: _____ Email: _____
Reason for wanting to leave:	
Job Duties:	

IMMIGRATION STATUS In all cases of employment, first consideration shall be given to persons eligible for permanent residence within the Territory of American Samoa.

Are you legally eligible to work in the United States? Can you show proof of citizenship/visa/alien registration if we decide to hire you? Yes No



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LANGUAGE

Please indicate languages used.

Languages Used	Spoken			Written		
Samoan	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
English	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Other: _____	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

HISTORY

Please answer the following questions in the space provided.

Have you ever worked for ASPA before? If so, please indicate the period of time you were employed, your position, and your reason for leaving:

Do you have close relatives currently working for ASPA? If yes, list names below.

Do you have a valid driver's license? Yes No Commercial driver's license? Yes No

Within the last five (5) years have you been fired from any job for any reason? If yes explain:

Within the last five (5) years have you resigned from any job after having been notified that you would be suspended or fired? If yes, explain:

Have you ever been convicted of a crime, forfeited collateral, or are you now under charges for any crime other than minor traffic offenses? You may answer "No" if the conviction occurred before your 21st birthday. If yes, explain:

If you were a member of the military were you honorably discharged? Yes No I was never in the military



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APPLICATION FOR EMPLOYMENT

REFERENCE CHECK

Do you give ASPA permission to contact your employers listed in your application or resume to conduct a background check? Yes No

Please provide two professional references. ASPA's HR office will conduct a background check with those listed below. References should not be close relatives and should be made aware that they are listed here:

Name: _____

Name: _____

Position Title: _____

Position Title: _____

Contact Email: _____

Contact Email: _____

Contact Number: _____

Contact Number: _____

ATTENTION: After completing all questions, please sign and date. A false answer to any question may be grounds for non-employment or for discharge after employment. All statements are subject to investigation, including a check of police records and contacting 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 POWER AUTHORITY, DEPARTMENT OF HUMAN RESOURCES IS AUTHORIZED TO VERIFY MY CREDENTIALS AND PRIOR EMPLOYMENT SET FORTH IN THIS APPLICATION.

Applicant's Signature

Date