



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
 OFFICE OF THE GOVERNOR
 OFFICE OF PERSONNEL MANAGEMENT
 P.O. Box 5153 CHRB, SAIPAN, MP 96950 - 5153

FAX: 234-1013
 PHONE: 234-6925/8036

APPLICATION FOR EMPLOYMENT

General Instructions: Before completing, please read the certification section at the end of this application. Type or print all answers clearly with a dark ballpoint pen. Answer all questions fully and accurately; sign, date and return the application to the Office of Personnel Management for processing.				DO NOT WRITE IN THIS SPACE	
1. POSITION APPLIED FOR		2. ANNOUNCEMENT NUMBER			
3. OTHER POSITION(S) IN WHICH YOU ARE INTERESTED		4. ANNOUNCEMENT NUMBER(S)			
5. NAME (FIRST, Middle, Last)		6. SOCIAL SECURITY NUMBER			
7. MAILING ADDRESS (P.O. Box Number or Number and Street)		8. PHONE NUMBERS Home: _____ Work: _____			
9. ISLAND (or City and State)		10. ZIP CODE			
11. CITIZENSHIP:					
UNITED STATES <input type="checkbox"/>		OTHER: <input type="checkbox"/>		SPECIFY: _____	
DO YOU HAVE IR STATUS: YES <input type="checkbox"/>		NO <input type="checkbox"/>		RELATIONSHIP: _____	
12. INDICATE PLACE OF RESIDENCE		PERMANENT RESIDENCE		PRESENT RESIDENCE	
14. LIST THE LANGUAGES YOU KNOW		Indicate your knowledge by placing "X" in the proper columns.			
ENGLISH		Read	Speak	Understand	Write
13. PERSON ABLE TO CONTACT YOU (Name, Address, Phone Number)					
15. OTHER NAMES BY WHICH YOU ARE OR HAVE BEEN KNOWN					
16. HAVE YOU EVER:					
a) BEEN TERMINATED FOR ANY REASONS? Yes <input type="checkbox"/> No <input type="checkbox"/>		b) QUIT A JOB TO AVOID BEING TERMINATED? Yes <input type="checkbox"/> No <input type="checkbox"/>		c) BEEN CONVICTED OF ANY CRIMINAL OFFENSES? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered "yes" to 16, give details in item 23					
17. LOWEST PAY YOU WILL ACCEPT \$ _____ per		WILL YOU ACCEPT TO TRAVEL? (Check One) None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>		WHEN WILL YOU BE AVAILABLE TO BEGIN WORKING?	
18. LAST PREVIOUS EMPLOYMENT WITH TRUST TERRITORY GOVERNMENT OR GOVERNMENT OF THE NORTHERN MARIANA ISLANDS					
A) Job Title	Organization	Grade or Pay level	From (Month, Year)	To (Month, Year)	
B) Are you retired from and receiving retirement benefits from the Commonwealth government?					
a) Yes <input type="checkbox"/>		b) Yes, but qualify for exemption payment to 1 CMC § 8392 (a) <input type="checkbox"/>		c) No <input type="checkbox"/>	
C) If not retired, did you withdraw your retirement contribution?					
a) Yes <input type="checkbox"/>		Date _____		b) No <input type="checkbox"/>	

19. EDUCATION AND TRAINING

(Official school transcript and diploma or certificate must be attached to this application upon submission for all training claimed under A through I).

(A) Name and Location of Elementary / High School attended		(B) Highest Grade Completed		(C) If Graduated, Give Date			
						Dates attended	
(D) Name and location of College/University attended (Start with your present to previous)		From	To	Semester Hours	Quarter Hours		
(E) Chief undergraduate college subjects		Credits Completed		(F) Chief graduate college subjects		Credits Completed	
		Semester Hours	Quarter Hours			Semester Hours	Quarter Hours
(G) Name and location of other schools attended (trade, vocational, business, military, correspondence)		Credits Completed		(H) Subject Studied		If Certificate received, Give Date	
		From	To				

(I) Special qualifications, skills, honors (licenses; operate office machines, data processing equipment, vehicles, construction equipment; etc.)	Words per minute	
	Typing	Shorthand

20) EXPERIENCE: Fill in each block completely. Start with your present or most recent employer and work back. Describe all of your work listing your most important duties first. If you supervised others, describe your supervisory responsibilities. If work was part-time show average number of hours worked per week. Account the periods over the past ten years.

1	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary		Place of Employment		
Starting	\$ per			
Final	\$ per			
Name and Address of Employer			Name and Title of Immediate Supervisor	Hours Per Week
Reason for Leaving			Number and Kind of Employees Supervised	
Description of Work				

2	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary			Place of Employment	
Starting	\$	per		
Final	\$	per		
Name and Address of Employer			Name and Title of Immediate Supervisor	Hours Per Week
Reason for Leaving			Number and Kind of Employees Supervised	
Description of Work				
3	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary			Place of Employment	
Starting	\$	per		
Final	\$	per		
Name and Address of Employer			Name and Title of Immediate Supervisor	Hours Per Week
Reason for Leaving			Number and Kind of Employees Supervised	
Description of Work				
4	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary			Place of Employment	
Starting	\$	per		
Final	\$	per		
Name and Address of Employer			Name and Title of Immediate Supervisor	Hours Per Week
Reason for Leaving			Number and Kind of Employees Supervised	
Description of Work				

5	Dates of Employment (Month, Year) From To	Position Title	Do not write in this space
Salary Starting \$ per Final \$ per		Place of Employment	
Name and Address of Employer		Name and Title of Immediate Supervisor	Hours Per Week
Reason for Leaving		Number and Kind of Employees Supervised	
Description of Work			
21. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB FOR WHICH YOU ARE APPLYING. (Do not list supervisors you listed in item 20).			
Full Name	Present Address	Business or occupation	
22. MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>			
23. FOR DETAILED ANSWERS. Use space below (Correspond your answer to the item number)			
Item Number			
ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION			
A false answer or statement, or attempt to deceive or defraud in this application is grounds for rating you ineligible for employment with the COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS or for dismissing you from employment after appointment. All statements made in this application are subject to investigation, including a check of court records and contact with former employers. All information pertinent to this application will be considered in determining your present fitness for employment with the COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS.			
CERTIFICATION			
I CERTIFY that I have read and understand the foregoing paragraph. I FURTHER CERTIFY that all of the answers and statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. My signature below authorize the release of court and employment documents and references upon request of the CNMI Office of Personnel Management or the Head of the Department or activity considering my application.			
SIGNATURE OF APPLICANT (DO NOT PRINT)			DATE (Month, Day, Year)