

COMMONWEALTH OF THE NORTHERN MARIANAS CIVIL SERVICE COMMISSION OFFICE OF PERSONNEL MANAGEMENT

P.O. Box 5153 CHRB, SAIPAN, MP 96950-5153



APPLICATION FOR EMPLOYMENT

Fax#: 234-1013 PHONE #: 234-6925 / 8036

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GENERAL INSTRUCTIONS: E application. Type or print all answer rately, sign, date and return the app	ers clearly wit	h a dark ballp	oint pen. A	nswer a	all q	uestions ful	lly and accu-	Do Not Write In This Space
1. Position Applied For:					2. A	nnouncement	t Number:	
3. Other Position(s) in Which You Are Inte	rested:				4. A	nnouncement	t Number:	
5. Name (First, Middle, Last):					6. S	ocial Security	Number:	
7. Mailing Address (P.O. Box Number or N	lumber and Stree	et)			Н	hone Number ome /ork	rs:	
9. E-mail Address:	nail Address: 10. Island (or City and State):					11. Zip Cod	e;	
12. Citizenship: (a). United State	12. Citizenship: (a). United States (US) (b). Immediate Relative (IR)					Specify		
(c). Federated State of Micronesia (F	SM) Specii	fy		Other		Specify	-	
13. Indicate Place of Permane Residence:					 Person Able to Contact You (Name, Address, Phone No.) 			
15. List the Language You Know:			Indicate you proper colur			oy placing an	"X" in the	
			Read	Spea	ak	Write	Understand	
								16. Other Names Which You Are or Have Been Known By:
]					
Within the last five years of a) Been to employment have you: any real for any real from answer "YES" to 16, give details.	asons?	Yes No	b) Quit a jot being teri			Yes	any crimi	convicted of Yes nal offense raffic violations?
18. Lowest Pay You Will Accept 19. Will Accept to Travel? (Check one)							20. When will	you be available to begin Working?
\$ Per		None	Some]	ften [
21. Are You a Retired Person and Receiving F Pension from the CNMI Government?	Retirement	a). Yes [ualify for Exemp o 1CMC Section		c). No
22. If not retired, did you withdraw your retirer	ment contribution?	a). Yes	Date W	/ithdrawn				b). No
23. List Your Last Employment with CNMI Go	vernment.							
a). Position Title		b). (Department / A	gency		c). Pa	y Level & Stop	d). Date of Employment

24. EDUC sectio	CATION AND TRAINING. (Official school tra in A through D).	nscript and dipl	oma or certifica	ate must be attach	ed to this applica	ation upon submis	sion for all educatio	on and traini	ing claimed under	
(A). Name and Location of Elementary / High School Attended:				(B). Highest Grade Completed: (C). Dat			(C). Date of Gr	e of Graduation:		
(D). Namo to previou	e and Location of College / University attend is):	ded (Start with y	our present	Date Att	ended	Credits Cor	npleted	Type of Degree Attained	Year of Degree Attained	
					·					
(E). Chief Undergraduate College Courses / Credits C			Completed	(E) Chief Gra	duate College C		Credits	Completed		
Subje		Semester Hours	Completed (F). Chief Graduate College Courses of Semester Hours			ouises i Gabjecia	5507 650,0000		1	
							Australia			
G). Name and Location of Other Schools Attended (Trades, Military, Vocational, Business, Internet, Correspondence, etc.)		Credits Completed		(H). Subjects Studied:				Credits Completed		
		Semester Hours	Semester Hours					Semeste Hours	r Semester Hours	
(I). Specia ment, etc	al Qualifications, Honors, Skills, (License to .)	practice or oper	rate office mach	hines, data proces	sing equipment	such as computer	s, fax machines, ve	ehicles, con	struction equip-	
25. EXPE If you sup ten (10) y	RIENCE: Fill in each block completely. Star bervised others, described your supervisory rears.	t with your pres responsibilities.	ent or most rec If work was pa	cent employer and art-time, show ave	work back. Des age number of l	cribe all of your w nours performed p	ork listing your mos er week. Account t	st important he periods (duties first. over the past	
Dates of Employment (Month / Year Position / From: To:			Position / 1	Title					Do Not Write In This Space	
Starting Ending	Salary: S Per S Per		Place of Employment			Grade or Pay Level				
Name and Address of Employer			Name and Title of Immediate Supervisor			Hours Per Week				
Reasons	for Leaving					Number and I	Kind of Employee(s) Supervise	d	
Description	on of Work:					1				

	Dates of Employment (Month / Year)	Position / Title				Do Not Write	
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easons	for Leaving			Number and Kind of Employee S	Supervised		
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	Dates of Employment (Month / Year)	Position / Title				Do Not Write	
	From: To:	POSIGOT/ TIES				In This Spac	
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Reasons	for Leaving		<u>, I.</u>	Number and Kind of Employee	Supervised		
Description	on of Work:						
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Starting	Salary: S Per	Place of Employment		Grade or Pay Level			
lame and Address of Employer			Name and Title of Immediate Supervisor			Hours Per Week	
Reasons	s for Leaving		Number and Kind of Employee(s) Supervised				
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