

24. EDUCATION AND TRAINING. (Official school transcript and diploma or certificate must be attached to this application upon submission for all education and training claimed under section A through D).

(A). Name and Location of Elementary / High School Attended:		(B). Highest Grade Completed:		(C). Date of Graduation:	
(D). Name and Location of College / University attended (Start with your present to previous):		Date Attended		Credits Completed	
(E). Chief Undergraduate College Courses / Subjects:		Credits Completed		(F). Chief Graduate College Courses / Subjects:	
		Semester Hours	Semester Hours		
(G). Name and Location of Other Schools Attended (Trades, Military, Vocational, Business, Internet, Correspondence, etc.)		Credits Completed		(H). Subjects Studied:	
		Semester Hours	Semester Hours		

(I). Special Qualifications, Honors, Skills. (License to practice or operate office machines, data processing equipment such as computers, fax machines, vehicles, construction equipment, etc.)

25. 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, described your supervisory responsibilities. If work was part-time, show average number of hours performed per week. Account the periods over the past ten (10) years.

1.	Dates of Employment (Month / Year) From: _____ To: _____	Position / Title	Do Not Write In This Space
Starting \$	Salary: _____ Per	Place of Employment	Grade or Pay Level
Ending \$	_____ Per		
Name and Address of Employer		Name and Title of Immediate Supervisor	Hours Per Week
Reasons for Leaving		Number and Kind of Employee(s) Supervised	
Description of Work:			

Continuation on 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, described your supervisory responsibilities. If work was part-time, show average number of hours performed per week. Account the periods over the past ten (10) years.

2.	Dates of Employment (Month / Year) From: _____ To: _____	Position / Title	Do Not Write In This Space
Starting \$ _____ Ending \$ _____	Salary: Per _____ 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 Kind of Employee Supervised	
Description of Work:			
3.	Dates of Employment (Month / Year) From: _____ To: _____	Position / Title	Do Not Write In This Space
Starting \$ _____ Ending \$ _____	Salary: Per _____ 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 Kind of Employee Supervised	
Description of Work:			
4.	Dates of Employment (Month / Year) From: _____ To: _____	Position / Title	Do Not Write In This Space
Starting \$ _____ Ending \$ _____	Salary: Per _____ 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 Kind of Employee(s) Supervised	
Description of Work:			

5.	Dates of Employment (Month / Year)		Position / Title	Do Not Write In This Space
	From:	To:		
Starting \$	Salary:	Place of Employment	Grade or Pay Level	
Ending \$	Per Per			

Name and Address of Employer	Name and Title of Immediate Supervisor	Hours Per Week
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Reasons for Leaving	Number and Kind of Employee(s) Supervised
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Description of Work:

26. 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 supervisor you listed under item 26). \

Full Name	Present Address	Business or Occupation

27. MAY WE CONTACT YOUR EMPLOYER? Yes No

28. FOR DETAIL ANSWER: Use the space below (Corresponds your answer to the item number)

Item Number	

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION

A false answer or statement, or an attempt to deceive or defraud in this application is grounds for rating you ineligible for employment or dismissing you from employment with the CNMI Government pursuant to PART III. A B G of the Personnel Service System Rules & Regulations. All statements made in this application are subject to investigation, including a background check of criminal records from the court and employment history from previous employers. All information pertinent to this application will be considered in determining your present fitness for employment with the CNMI government.

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

SIGNATURE OF APPLICATION (Do Not Print)	DATE: (Month, Day, Year)
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