



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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

OPM - 03

GENERAL INSTRUCTIONS: Before completing, please read the certification section at the end of the 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:		Do Not Write In This Space		
3. Other Position(s) in Which You are Interested:		4. Announcement Number:				
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. E-mail Address:	10. Island (or City and State):	11. Zip Code:				
12. Citizenship: (a) United States (US) <input type="checkbox"/> (b) Immediate Relative (IR) <input type="checkbox"/> Specify _____ (c) Federated State of Micronesia (FSM) <input type="checkbox"/> Specify _____ Other <input type="checkbox"/> Specify _____				Do Not Write In This Space		
13. Indicate Place of Residence:	Present Residence:	Permanent Residence:			14. Person Able to Contact You (Name, Address, Phone No.)	
15. List the Languages You Know:	Indicate your knowledge by placing an "X" in the proper columns below:				Do Not Write In This Space	
	Read	Speak	Write			Understand
16. Other Names Which You Are or Have Been Known By:						
17. Within the last five years of employment have you: a) Been terminated for any reason? 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 offense and / or traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/>						
18. Lowest Pay You will Accept:	19. Will Accept to Travel: (Check one)		20. Date available to begin Working:			
\$ _____ Per	None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>					
21. Are You a Retired Person and Receiving Retirement Pension from the CNMI Government: a) Yes <input type="checkbox"/> b) Yes, but qualified for Exemption Payment to 1CMC Section 8392(a) <input type="checkbox"/> c) No <input type="checkbox"/>						
22. If not retired, did you withdraw your retirement contribution? a) Yes <input type="checkbox"/> Date Withdrawn _____ b) No <input type="checkbox"/>						
23. List Your Last Employment with CNMI Government:						
_____	_____	_____	_____			
a) Position Title	b) Department / Agency	c) Pay Level & Step	d) Dates of Employment			

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	Type of Degree Attained	Year of Degree Attained
(E) Chief Undergraduate College Courses / Subjects:		Credits Completed		(F) Chief Graduate College Courses / Subjects:	
		Semester Hours	Quarter Hours	Credits Completed	
				Semester Hours	Quarter Hours
(G) Name and Location of Other School Attended (Trades, Military, Vocational, Business, Internet, Correspondence, etc.):		Credits Completed		(H) Subject Studied:	
		Semester Hours	Quarter Hours	Credits Completed	
				Semester Hours	Quarter Hours

(I) Special Qualifications, Honors, Skills, (License to practice or operate office machines, data processing equipment such as computers, fax machine, 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
Salary: Starting \$ _____ Per _____ Ending \$ _____ Per _____		Place of Employment :	Grade or Pay Level:
Name and Address of Employer:		Name and Title of Immediate Supervisor:	Hours Per Week:
Reason 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):		Position / Title:	Do Not Write In This Space
	From:	To:		
Salary:		Place of Employment:	Grade or Pay Level:	
Starting \$	Per			
Ending \$	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:	Grade or Pay Level:	
Starting \$	Per			
Ending \$	Per			
Name and Address of Employer:			Name and Title of Immediate Supervisor:	Hours Per Week:
Reason for Leaving:			Number and Kind of Employee(s) Supervised:	
Description of Work:				
4.	Dates of Employment (Month / Year):		Position / Title:	Do Not Write In This Space
	From:	To:		
Salary:		Place of Employment:	Grade or Pay Level:	
Starting \$	Per			
Ending \$	Per			
Name and Address of Employer:			Name and Title of Immediate Supervisor:	Hours Per Week:
Reason 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:	Per	Place of Employment:	Grade or Pay Level:
Ending \$		Per		

Name and Address of Employer:	Name and Title of Immediate Supervisor:	Hours Per Week:
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Reason 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 25):

Full Name	Present Address	Business or Occupation

27. MAY WE CONTACT YOUR EMPLOYER? Yes No

28. FOR DETAIL ANSWER: Use the 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 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 APPLICANT: (Do Not Print)	DATE: (Month, Day, Year)
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