



COMMONWEALTH OF THE NORTHERN MARIANAS  
 OFFICE OF THE GOVERNOR  
 OFFICE OF PERSONNEL MANAGEMENT  
 P.O. Box 5153 CHR, SAIPAN, MP 96950 - 5153

**APPLICATION FOR EMPLOYMENT**

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

OPM - 03

<b>GENERAL INSTRUCTIONS:</b> 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:							
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. Island (or City and State):		10. Zip Code:							
11. Citizenship: (a) United States (US) <input type="checkbox"/> (b) Immediate Relative (IR) <input type="checkbox"/> Specify _____ (c) Federated States of Micronesia (FSM) <input type="checkbox"/> Specify _____ Other <input type="checkbox"/> Specify _____									
12. Indicate Place of Residence:	Permanent Residence:	Present Residence:				13. Person Able to Contact You (Name, Address, Phone No.)			
14. List the Languages You Know:		Indicate your knowledge by placing an "X" in the proper columns below:							
		Read	Speak					Write	Understand
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other Names Which You Are or Have Been Known By:			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16. Within the last five years of employment have you: 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 offense? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answer "Yes" to 16, give details in item 27.									
17. Lowest Pay You Will Accept \$ _____ Per		18. Will Accept to Travel? (Check one) None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>		19. When will you be available to begin working?					
20. Are You a Retired Person and Receiving Retirement Pension from the CNMI Government? a). Yes <input type="checkbox"/> b). Yes, but Qualify for Exemption Payment to 1CMC Section 8392(a) c). No <input type="checkbox"/>									
21. If not retired, did you withdraw your retirement contribution? a). Yes <input type="checkbox"/> Date Withdrawn: _____ b). No <input type="checkbox"/>									
22. List Your Last Employment with the CNMI Government:  _____ a). Position Title _____ b). Department / Agency _____ c). Pay Level & Step _____ d). Dates of Employment _____									

**23. 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):		Dates 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.)

**24. 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 \$ _____ Per _____	Salary: _____ Per _____	Place of Employment :	
Name and Address of Employer:		Name and Title of Immediate Supervisor:	Hours Per Week:
Reasons for Leaving:		Name and Title of Immediate Supervisor:	
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:			
Starting \$		Salary:	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:				Name and Title of Immediate Supervisor:	
Description of Work:					

3.	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			
Name and Address of Employer			Name and Title of Immediate Supervisor		
Reasons for Leaving:				Name and Title of Immediate Supervisor:	
Description of Work:					

4.	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			
Name and Address of Employer			Name and Title of Immediate Supervisor		
Reasons for Leaving:				Name and Title of Immediate Supervisor:	
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
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Reasons for Leaving:	Name and Title of Immediate Supervisor:
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Description of Work:

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25. 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

26. MAY WE CONTACT YOUR EMPLOYER ?      Yes       No

27. 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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