

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



LEGISLATIVE BUREAU
NORTHERN MARIANAS COMMONWEALTH LEGISLATURE

APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTION: READ THE CERTIFICATE AT THE END OF THIS APPLICATION BEFORE FILLING IT IN. <u>TYPE OR PRINT</u> ALL ANSWERS CLEARLY WITH A DARK BALLPOINT PEN. ANSWER ALL QUESTIONS FULLY AND ACCURATELY. <u>FILL IN, SIGN, AND RETURN TO THE LEGISLATIVE BUREAU.</u>						
1. JOB OR POSITION APPLIED FOR (LIST IN ORDER OF PREFERENCE, IF MORE THAN ONE)			2. ANNOUNCEMENT NUMBER (S)		3. DATE	
4. APPLICANT'S NAME (First, Middle, Last)				5. SOCIAL SECURITY NUMBER		
6. MAILING ADDRESS (P.O. Box No. or Street No.)			7. PERMANENT RESIDENCE ADDRESS		8. TELEPHONE HOME WORK	
9. BIRTH PLACE			10. CITIZENSHIP <input type="checkbox"/> U..S. <input type="checkbox"/> OTHER SPECIFY _____			
11. LIST THE LANGUAGES YOU KNOW		Indicate your knowledge by placing "X" in the proper columns.			12 PERSONS ALWAYS ABLE TO CONTACT YOU (Name, Address, Phone Number)	
		Read	Write	Speak		Understand
13. LIST ALL OTHER NAMES YOU ARE OR HAVE BEEN KNOWN BY						
14. WITHIN THE LAST FIVE YEARS HAVE YOU:						
a) BEEN FIRED FOR ANY REASON?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	c) BEEN CONVICTED OF AN OFFENCE OR FORFEITED BAIL?		
c) QUIT A JOB TO AVOID BEING FIRED?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	d) PLEASE READ ATTACHMENT A & RESPOND ACCORDINGLY		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answer is "yes" to 14 a, b, c, 7 d, give details in item 23						
15. LOWEST PAY YOU WILL ACCEPT		16. WIII YOU TRAVEL? (Check one)			17 WHEN WILL YOU BE AVAILABLE	
		None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>				
18. LAST EMPLOYMENT WITH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS						
Job Title/Department or Agency			Grade or Pay Level \$	From (Month, Year) To (month, Year)		

19. 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 C through F)							
(A) Elementary/High School			(B) Name and Location of Last School Attended				
Highest grade completed		If graduated,					
(C) Name and Location of College or University attended		Date Attended		Credits Completed		Type of degree	
		From	To	Semester Hours	Quarter Hours		Year of degree
(D) Chief undergraduate college subjects		Credits completed		(E) Chief graduate college subjects		Credits completed	
		Semester Hours	Quarter Hours			Semester Hours	Quarter Hours
(F) Name and location of other schools attended (trade, vocational business, military, correspondence)		Dates attended		Subject studied		If Certificate received, give date	
		From	To				
(G) Special qualifications, skills, honors (licenses; operate office machines, data processing equipment, vehicles)					Words per minute		
					Typing	Shorthand	
20. EXPERIENCE: Fill in each block carefully and 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 supervise others, explain your supervisory responsibilities. If job was part-time, show average number of hours worked per week. If you worked under a name different from the name in item 4, print the former name at the end the "Description of Work" box. Account for all time over the past ten years, including periods of unemployment. You may attach a resume in lieu of filling out this spaces, however, all questions on this form must be answered. Incomplete information may result in disqualifying you as an applicant.							
(A)	DATE OF EMPLOYMENT (Month, Year) From		Position Title			Do not write in this space	
Salary Starting \$ Final \$		Place of employment		Grade or Pay Level (If Government Service)			
Name and Address of Employer			Name, Title and Address of Immediate Supervisor			Average Hours Per Week	
Reason for Leaving					Number of Employees Supervised		
Description of Work							

(B)	DATE OF EMPLOYMENT (Month, Year) From To	Position Title		Do not write in this space
Salary Starting \$ Final \$		Place of employment	Grade or Pay Level (If Government Service)	
Name and Address of Employer		Name, Title and Address of Immediate Supervisor		Average Hours Per Week
Reason for Leaving				Number of Employees Supervised
Description of Work				
(C)	DATE OF EMPLOYMENT (Month, Year) From To:	Position Title		Do not write in this space
Salary Starting \$ Final \$		Place of employment	Grade or Pay Level (If Government Service)	
Name and Address of Employer		Name, Title and Address of Immediate Supervisor		Average Hours Per Week
Reason for Leaving				Number of Employees Supervised
Description of Work				
(D)	DATE OF EMPLOYMENT (Month, Year) From To	Position Title		Do not write in this space
Salary Starting \$ Final \$		Place of employment	Grade or Pay Level (If Government Service)	
Name and Address of Employer		Name, Title and Address of Immediate Supervisor		Average Hours Per Week
Reason for Leaving				Number of Employees Supervised
Description of Work				

(E)	DATE OF EMPLOYMENT (Month, Year) From To	Position Title	Do not write in this space	
Salary Starting \$ Final \$		Place of employment	Grade or Pay Level (If Government Service)	
Name and Address of Employer		Name, Title and Address of Immediate Supervisor		Average Hours Per Week
Reason for Leaving				Number of Employees Supervised
Description of Work				
21. LIST THREE PERSONS, NOT RELATED TO YOU, WHO HAVE DEFINATE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB WHICH YOU ARE APPLYING. Do not list supervisors you listed under Item 20.				
Full Name		Present Address		Business of Occupation
22. MAY YOUR PREVIOUS EMPLOYERS BE CONTACTED <input type="checkbox"/> No <input type="checkbox"/> Yes. I have signed Authorization to release				
23. SPACE FOR DETAILED ANSWERS (Indicate Item number to which answer applies.)				
Item Number				
<p>IMPORTANT: READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN THIS APPLICATION</p> <p>A false answer of statement, or attempt to practice deception or fraud in this application is grounds for rating you ineligible for employment with the Northern Mariana Island Retirement Fund of for dismissing you from employment after appointment. All atatements made in this application are subject to verification</p> <p style="text-align: center;">CERTIFICATION</p> <p>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 in good faith.</p>				
SIGNATURE OF APPLICANT (DO NOT PRINT)			DATE (Month, day, year)	