

CSC-OPM Office of Personnel Management

INSTRUCTIONS/CHECKLIST of Required Supporting Documents

out before submitting to the Staffing Section of the Office of Personnel Management. Providing a resume of detailed information is optional, yet encouraged .								
2. Make sure that you attach copies of the following applicable supporting documents. Boldfaced are the basic requirements needed to complete your application packet:								
High School or equivalent education program Diploma, Transcript or Graduation Certification Letter.								
College Degree or Official College Transcript (Documents written in a foreign language should be translated into English)								
Criminal Record Clearance (Valid for one (1) year from the date issued and must be from the state they have resided for at least a year)								
O Valid Driver's License or Valid Identification Card								
O Registration document to show proof of registry with the Selective Service System. (For US male citizens between the ages of eighteen (18) to less than twenty six (26) years old) To register, you may go on-line at www.sss.gov								
O Immigration Card or Passport required to verify Non-CNMI residents and Non-US Citizens.								
O Professional or Occupational Licenses or Certificates								
O Certificates for training/workshops								
O Form DD-214 for prior military services								
3. Make sure that you sign and date your Application of Employment.								
4. Specify the titles of the position (s) you are applying for and its Examination Announcement number. Submit your application on or before the closing date of the announcement								
For more information about our office and job vacancy announcements, you may access our website at								
cnmiopm.net. For additional departments/agencies job vacancy listing, please review the								
websites provided on the reverse side of this document.								
Please be informed that prior to a job offer, you are required to undergo a pre- employment drug test screening pursuant to the Alcohol and Drug Free Workplace.								

Thank You and Good Luck!

Part V.C of the Personnel Services System Rules and Regulations.



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

OPM - 03								PHONE #: 234-6925 / 6036
GENERAL INS' application. Type accurately, sign, o	or print all answ	ers clearly w	ith a dark ballp	oint pen. A	nswer al	l questions f	ully and	Do Not Write In This Space
1. Position Applied For:				2	. Announceme	nt Number:		
3. Other Position(s) in	n Which You are Inte	rested:			4	. Announceme	nt Number:	
5. Name (First, Middl	e, Last):				6	.Social Securit	y Number:	
7. Mailing Address: (F	P.O. Box Number or I	Number and St	reet)		8	. Phone Numb Home Work	ers:	
9. E-mail Address:		10. Island (or	City and State):			11. Zip Co	ode:	
12. Citizenship:	(a) United States		(b) Immediate	, ,	<u> </u>	Specify		
(c) Federated Sta	ate of Micronesia (FS	SM) Spe	cify		Other	Specify _		
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:					
				Read	Speak	Write	Understand	16. Other Names Which You Are
								or Have Been Known By:
								<u> </u>
17. Within the last five employment have y			Yes No	b) Quit a job being term		Yes No	crimin	convicted of any Yes al offense and / lic violations? No
18. Lowest Pay You w	ill Accept: Per Ani	num	19. Will Accept to	Travel: (Chec	k one) Ofte	n	20. Date avai	lable to begin Working:
21. Are You a Retired I Pension from the C		Retirement	a) Yes		, .	qualified for Exe t to 1CMC Section	40/00/02/02/03 E	c) No
22. If not rellred, did yo	ou wilhdraw your relirer	ment contribution	n? a) Yes	Date W	/ithdrawn _			b) No
23. List Your Last Emp	loyment with CNMI Go	vemment:						
	a) Position Title	-	b) C	eparlment / Ag	jency	c) Pa	y 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 o Degree Attaine	Degree
							-	
(E) Chief Subject	Undergraduate College Courses /	Credits C		(F) Chief Gra	duate College Co	ourses / Subjects:	Credits Completed	
		Semester Hours	Quarter Hours			Semest Hours		
	and Location of Other School Attended s, Military, Vocational, Business, Internet,	Credits C	Completed (H) Subject Studied:				Credits Completed	
	pondence, etc.):	Semester Hours	Quarter Hours				Semest Hours	
								- 1
(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-lime, show average number of hours performed per week. Account the periods over the past ten (10) years.								
1.	Dates of Employment (Month / Year):		Position / 7	Title :				Do Not Write
	From: To: [resent						In This Space
	Salary:		Place of E	e of Employment: Grade or Pay Level:				
Starting Ending	\$ Per Ho \$ Per Ho	ur ur						
Name and	Address of Employer:		•		Name and Tit	le of Immediate Supervisor:	Hot	ırs Per Week:
Reason for Leaving:					•	Number and Kind of Employee(s) Supervi	sed:
Description of Work:								
						<u> </u>		

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: \$ Per Hour	Place of Employment:		Grade or Pay Level:			
Ending	\$ Per Hour						
Name and	Address of Employer:		Name and Titl	le of Immediate Supervisor:	Hours Per Week:		
Reason fo	r Leaving:		Number and Kind of Employees Supervised:				
Descriptio	n of Work:						
3.	Dates of Employment (Month / Year): From: To:	Position / Title:	Position / Title:				
	From: To:						
	Salary:	Place of Employment:		Grade or Pay Level:			
Starting Ending	\$ Per Hour \$ Per Hour						
	Houi						
Name and	e of Immediate Supervisor.	Hours Per Week:					
Reason fo	or Leaving:		Number and Kind of Employee(s) Supervised:				
Descriptio	n 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 Ending	\$ Per Hour \$ Per Hour						
Name and Address of Employer:			Name and Title	e of Immediate Supervisor:	Hours Per Week:		
Reason f	or Leaving:		Number and Kind of Employee(s) Sup	ervised:			
Description of Work:							

5.	Dates of Employment (Month / Year):	Position / Title:	Position / Title:						
	From: To:								
	Salary:	Place of Employment:		Grade or Pay Level:	-				
Starting Ending	\$ Per Hour Per Hour		Tage of Employment.						
Name and	Address of Employer.		Name and Title	e of Immediate Supervisor:	Hours	Per Week:			
Reason for Leaving: Number and Kind of Employee(s) Supervised:									
Description	n of Work:								
				Ж					
26. LIST T (Do not lis	HREE PERSONS NOT RELATED TO YOU WHO HAVE t supervisor you listed under item 25):	DEFINITE KNOWLEDGE OF YOUR O	QUALIFICATIONS	AND FITNESS FOR THE JOB FOR	WHICH YO	U ARE APPLYING			
	Full Name	Present Address	3	Business o	r Occupat	on			
27. MAY	WE CONTACT YOUR EMPLOYER? Yes	No No							
28. FOR	DETAIL ANSWER: Use the space below (Correspond	your answer to the item number)	CONTRACTOR	The state of the s	VO. 2002				
Item Num	ber		S			The State of the S			
		-							
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									
SIGN	ATURE OF APPLICANT: (Do Not Print)		DAT	E: (Month, Day, Year)					