



Office of the Mayor

Commonwealth of the Northern Mariana Islands
 Municipality of Tinian and Aguiguan
 P.O. Box 520059 • San Jose Village • Tinian, MP 96952
 Phone (670) 433-1800/1802 • Fax (670) 433-1819

APPLICATION FOR EMPLOYMENT

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 Tinian Mayor's Office for processing.					DO NOT WRITE IN THIS SPACE										
1. Name (First, Middle, Last)		2. Date of Birth													
3. Email Address		4. Social Security No.													
5. Mailing Address (P.O. Box Number or Number and Street)		6. Contact Number													
7. Island (or City and State)		8. Zip Code													
9. Citizenship (a) United States <input type="checkbox"/> (b) Immediate Relative <input type="checkbox"/> Specify: _____ (c) Federated States of Micronesia <input type="checkbox"/> Specify: _____ (d) Other: _____															
10. Indicate Place of Residence		Permanent Residence		Present Residence		11. Person Able to Contact You (Name, Address, Phone Number)									
12. List the Language(s) You Know		Indicate your knowledge by placing an "X" in the proper columns below													
		READ	SPEAK	WRITE	UNDERSTAND										
						13. Other Names Which You Are or Have Been Known By									
14. Within the last five years of employment have you: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">(a) Been terminated for any reason(s)?</td> <td style="width: 10%; border: none;"><input type="checkbox"/> Yes</td> <td style="width: 10%; border: none;"><input type="checkbox"/> No</td> <td style="width: 25%; border: none;">(b) Quit a job to avoid being terminated?</td> <td style="width: 10%; border: none;"><input type="checkbox"/> Yes</td> <td style="width: 10%; border: none;"><input type="checkbox"/> No</td> <td style="width: 10%; border: none;">(c) Been convicted of any criminal offense and/or traffic violations?</td> <td style="width: 10%; border: none;"><input type="checkbox"/> Yes</td> <td style="width: 10%; border: none;"><input type="checkbox"/> No</td> </tr> </table> <p><i>If you answer "Yes" to Item 14, give details in Item 26.</i></p>							(a) Been terminated for any reason(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(b) Quit a job to avoid being terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(c) Been convicted of any criminal offense and/or traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Been terminated for any reason(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(b) Quit a job to avoid being terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(c) Been convicted of any criminal offense and/or traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
15. Lowest Pay You Will Accept		16. Will Accept to Travel? (Check One)			17. When will you be available to begin working?										
\$ _____ PER		<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Often													
18. Are You a Retired Person and Receiving Retirement Pension from the CNMI Government? <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">(a) Yes <input type="checkbox"/></td> <td style="width: 33%; border: none;">(b) Yes, but Qualify for Exemption Payment to 1CMC Section 8392(a) <input type="checkbox"/></td> <td style="width: 33%; border: none;">(c) No <input type="checkbox"/></td> </tr> </table>							(a) Yes <input type="checkbox"/>	(b) Yes, but Qualify for Exemption Payment to 1CMC Section 8392(a) <input type="checkbox"/>	(c) No <input type="checkbox"/>						
(a) Yes <input type="checkbox"/>	(b) Yes, but Qualify for Exemption Payment to 1CMC Section 8392(a) <input type="checkbox"/>	(c) No <input type="checkbox"/>													
19. If not Retired, did you withdraw your retirement contribution? (1) Yes <input type="checkbox"/> Date Withdrawn : _____ (b) No <input type="checkbox"/>															
20. List Your Last Employment with the CNMI Government <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 25%; border: none;">_____ (a) Position Title</td> <td style="width: 25%; border: none;">_____ (b) Department/Agency</td> <td style="width: 25%; border: none;">_____ (c) Pay Level & Step</td> <td style="width: 25%; border: none;">_____ (d) Date of Employment</td> </tr> </table>							_____ (a) Position Title	_____ (b) Department/Agency	_____ (c) Pay Level & Step	_____ (d) Date of Employment					
_____ (a) Position Title	_____ (b) Department/Agency	_____ (c) Pay Level & Step	_____ (d) Date of Employment												

21. 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		Types of Degree Attained	Year of Degree Attained
(E) Chief Undergraduate College Courses/Subjects		Credits Completed		(F) Chief Graduate College Courses/Subjects		Credits Completed	
		Semester Hours	Semester Hours			Semester Hours	Semester Hours
(G) Name and Location of Other Schools Attended (Trades, Military, Vocational, Business, Internet, Correspondence, etc.)		Credits Completed		(H) Subjects Studied		Credits Completed	
		Semester Hours	Semester Hours			Semester Hours	Semester Hours
(I) SPECIAL QUALIFICATIONS, HONORS, AND SKILLS (<i>License to practice or operate office machines, data processing equipment such as computers, fax machines, vehicles, construction equipment, etc.</i>)							
1.	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:							

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 Employees 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 Employees Supervised:	
Description of Work:					

5.	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:					
26. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICTIONS AND FITNESS FOR THE JOB FOR WHICH YOU ARE APPLYING (Do not list supervisor(s) you listed under item 25).					
FULL NAME		PRESENT ADDRESS		BUSINESS OR OCCUPATION	
27. MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>					
28. REASONABLE ACCOMMODATION: Specify your special needs pursuant to American with Disabilities Act; or any other accommodation you may require during employment under the Equal Employment Opportunity Commission Regulations.					
29. FOR DETAIL ANSWER: Use the space below and correspond your answer to the item number.					
ITEM NO.	DETAILS				
<p align="center">ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION</p> <p>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. Furthermore, submitting this application does not indicate that you are automatically employed under the Office of the Mayor. A Human Resources representative will be contacting you regarding your interest for employment. If selected for hire, you are required to submit a current police clearance and drug test at your own expense; and please notify HR when you will able to complete your drug test.</p> <p align="center">CERTIFICATION</p> <p>I, CERTIFY that I have read and understood 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.</p>					
SIGNATURE OF APPLICANT (Do Not Print)				DATE (Month/Day/Year)	