



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
**OFFICE OF THE MAYOR**  
**Municipality of Saipan**  
 CTC Building, Teer Dr., Beach Road, Oleai, Saipan  
 P.O. Box 501457 Saipan, MP 96950  
 Tel.: (670) 234-6208 Fax: (670) 234-1190



## APPLICATION FOR EMPLOYMENT

GENERAL INSTRUCTIONS: BEFORE COMPLETING, PLEASE READ THIS CERTIFICATION SECTION AT THE END OF THIS 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 THE MAYOR BEFORE PROCESSING.						DO NOT WRITE IN THIS SPACE			
1. POSITION(S) 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						
9. ISLAND (or City and State)		10. ZIP CODE							
11. BIRTHDATE (Month, Day, Year)		12. BIRTHPLACE		13. CITIZENSHIP					
14. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		15. MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)				United States <input type="checkbox"/> Other <input type="checkbox"/>			
16. INDICATE PLACE OF RESIDENCE		PERMANENT RESIDENCE		PRESENT RESIDENCE		17. PERSON ABLE TO CONTACT YOU (Name, Address, Phone Number)			
18. LIST THE LANGUAGES YOU KNOW		Indicate your knowledge by placing "X" in the proper columns.				19. OTHER NAMES WHICH YOU ARE OR HAVE BEEN KNOWN BY			
		Read	Speak	Understand	Write				
20. WITHIN THE LAST FIVE YEARS OF EMPLOYMENT HAVE YOU:		a) BEEN TERMINATED FOR ANY REASONS?		b) QUIT A JOB TO AVOID BEING TERMINATED		c) CONVICTED OF ANY CRIMINAL OFFENSE			
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>			
If your answer is "yes" to 20, give details in item 29.									
21. LOWEST PAY YOU WILL ACCEPT		22. WILL ACCEPT TO TRAVEL? (Check one)			23. WHEN WILL YOU BE AVAILABLE TO BEGIN WORKING?				
\$ _____ per		<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Often							
24. LAST PREVIOUS EMPLOYMENT WITH THE GOVERNMENT OF THE NORTHERN MARIANA ISLANDS									
(A) Are you retired from and receiving retirement benefits from the Commonwealth government? a) Yes <input type="checkbox"/> b) Yes, but qualify for exemption payment to 1 CMC §8392(a) <input type="checkbox"/> c) No <input type="checkbox"/>									
(B) Job Title	Organization	Grade of Pay Level	From (Month, Year)	To (Month, Year)					
25. 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 A through I).									
(A) Name and Location of Elementary/ High School attended				(B) Highest Grade Completed		(C) If Graduated, Give Date			
(D) Name and Location of College/ University attended (Start with your present to previous.)				Dates attended		Credit Completed		Type of Degree	Year of Degree
				From	To	Semester Hours	Quarter Hours		

(E) Chief Undergraduate college subjects	Credits Completed		(F) Chief graduate college subjects	Credits Completed	
	Semester Hours	Quarter Hours		Semester Hours	Quarter Hours
(G) Name and Location of other schools attended (trade, vocational, business, military, correspondence)	Credits Completed		(H) Subject Studied	If Certificate received, give date	
(I) Special qualifications, skills, honors (licenses, operate machines, data processing equipment, vehicles, construction equipment, etc.)				Words per minute	
				Typing	Shorthand

26. 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 worked per week. Account the period over the past ten years.

1	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary Starting	\$	per	Place of Employment	Grade or Pay Level
Final	\$	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				

IF YOU NEED ADDITIONAL SPACE TO DESCRIBE YOUR WORK EXPERIENCE, USE PLAIN SHEET OF PAPER AND ATTACH TOGETHER WITH THIS APPLICATION.

2	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary Starting	\$	per	Place of Employment	Grade or Pay Level
Final	\$	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 Starting	\$	per	Place of Employment	Grade or Pay Level
Final	\$	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			
Final	\$ per	Name and Address of Employer		Name and Title of Immediate Supervisor
Reason for Leaving		Hours Per Week		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			
Final	\$ per	Name and Address of Employer		Name and Title of Immediate Supervisor
Reason for Leaving		Hours Per Week		Number and Kind of Employees Supervised
Description of Work				

27. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB WHICH YOU ARE APPLYING. (Do not list supervisors you listed under Item 26.)

Full Name	Present Address	Business or Occupation

28. MAY WE CONTACT YOUR PRESENT EMPLOYER?      Yes       No

29. DO YOU HAVE ANY DISABILITY THAT MAY IMPAIR YOU IN THE POSITION YOU ARE APPLYING FOR?      Yes       No   
IF YES, SPECIFY:

30. FOR DETAILED ANSWERS, USE SPACE BELOW. (CORRESPOND YOUR ANSWER TO THE ITEM NUMBER.)

Item Number	

**ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION**

A false answer or statement, or attempt to deceive or defraud in this application is ground for rating you ineligible for employment with the; as per PART III A B G of the PSSR & R COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS or for dismissing you from employment with the Northern Marianas after appointment. All statements made in this application are subject to investigation, including a check of court records and former employers. All information pertinent to this application will be considered in determining your present fitness for employment with the COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS.

**CERTIFICATION**

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.

SIGNATURE OF APPLICANT (DO NOT PRINT)	DATE (Month, Day, Year)
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## Check List of Required Documents for Job Application

1. Application must be filled out completely and truthfully before submitting.
2. Attach copy of following documents ( if applicable to position)
  - a. High School Diploma, GED and/or
  - b. College Degree or Official College Transcript
  - c. Certificates of Completion or Workshops and etc.
  - d. **Police Clearance (Must be provided once hired )**
  - e. Copy of your Drivers License,( required for operational and field work applicants)
  - f. Any form of Valid Identification Card with photo
  - g. Copy of Social Security Card (to be provided once hired for payroll purpose only)
  - h. Others\_\_\_\_\_

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Please be informed that once job has been offered you are required to undergo a pre-employment drug test pursuant to Saipan Mayor's Office Personnel Rules and Regulation and the Alcohol and Drug Free Workplace Policy, Part V.C. of the PSSRR.

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Applicant is fully responsible for payment of their drug test.

Submission of Application can be brought to our Office or faxed at tel. no. 234-1190.

**Thank you and good Luck!**  
**Saipan Mayor's Office**