

structural environment and check for proper use of equipment and determine serviceability, condition, and disposition, in accordance with regulations. Plan and carry out assignments, using blueprints, schematic drawings, technical manuals, wiring diagrams, or liquid or air flow sheets, following prescribed regulations, directives, or other instructions as required. Study technical manuals and attend training sessions provided by equipment manufacturers to maintain current knowledge. Research catalogs or repair part lists to locate sources for repair parts, requisitioning parts and recording their receipt. Evaluate technical specifications to identify equipment or systems best suited for intended use and possible purchase, based on specifications, user needs, or technical requirements. Supervise or advise subordinate personnel. All other duties as assigned.

MINIMUM QUALIFICATION REQUIREMENTS:

Any combination equivalent to graduation from a recognized college with associates degree in electronics. Must possess computer skills in computer applications (i.e. Microsoft office); in all required computer systems of CHC. Verbal and written communication skills. Completion of water treatment system training program preferred, however, training program is offered upon hire. Two (2) years of work experience required.

ADDITIONAL JOB INFORMATION:

This position is a temporary, Full-Time employment status at 40 hours per week, with a shift schedule of eight (8) hours per day from 7:30pm to 4:30pm, Monday through Friday per week. Employment start date will begin on August 26, 2026 through August 25, 2027. This position is paid on a bi-weekly basis (2-week period). Fringe benefits: Paid time off & holidays.

NOTE(S):

- Three-Fourths Guarantee as explained in 20 CFR 655, Subpart E in Form ETA-9142C: “Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any.”
- Transportation and Subsistence as explained in 20 CFR 655, Subpart E in Form ETA-9142C: “If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker’s transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker’s reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except reported a worker’s voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved.”
- Employer-Provided Tools and Equipment 655.423(k): Workers will be provided, without charge or deposit charge, all tools, supplies and equipment required to perform the duties assigned.
- Overtime Available: Yes, this position is “**NON-EXEMPT**” and is eligible to receive overtime compensation pursuant to the Fair Labor Standards Act (FLSA) of 1938 Federal Law. The overtime rate ranges from \$29.79 to \$31.28 per hour and is calculated at 1.5 times the base hourly wage per hour for hours worked after completing 40-hours per work week.
- Deductions from Pay: CNMI Tax, Federal Tax, Medicare and Social Security. Optional: Medical & Dental Insurance, Life Insurance and 401a Retirement Plan.

INTERESTED PERSONS SHOULD SEND THEIR COMPLETED APPLICATION FORMS TO:

Interested applicants may be considered for employment by submitting a completed Commonwealth Healthcare Corporation (CHCC) Employment Application to Human Resources Office. The HR Office is open Monday through Friday from 7:30AM to 4:30PM and is CLOSED on weekends/holidays. Applicants may contact the employer via email at apply@chcc.health or via telephone at (670) 236-8202/(670)234-8950 to apply for the job opportunity posted on the CHCCs official website: <https://www.chcc.health/job-opportunities.php>. Employment Applications are made available on the CHCC website and at the CHCCs HR & Main Cashier Office.

CW-1 Application for Temporary Employment Certification
 Form ETA-9142C
 U.S. Department of Labor



IMPORTANT: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142C. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Nature of CW-1 Application

1. Type of Application (choose only one) *	<input type="checkbox"/> New employment	<input checked="" type="checkbox"/> Renewal of approved employment
2. CW-1 Permit Renewal: If "Renewal of approved employment" is marked in Question A.1, enter the date on which the CW-1 visa status of the nonimmigrant worker(s) will expire. §	8/25/2026	
3. Long-Term Worker: Is the employer seeking to employ a long-term worker who was previously issued a CW-1 visa or otherwise granted CW-1 status, as defined in 20 CFR 655.402? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Cap-Exempt Worker: Will any of the CW-1 workers employed under this application be <u>exempt</u> from the statutory numerical limit, or "cap," on the total number of foreign nationals who may be issued a CW-1 visa or otherwise granted CW-1 status? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Emergency Situation: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.422? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FOR EMERGENCY SITUATIONS ONLY If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items.		
6. Is a statement justifying the employer's emergency situation attached to this application? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
7. Is a completed Form ETA-9141C, <i>Application for Prevailing Wage Determination</i> (PWD application), attached to this application? If the employer has submitted its PWD application for processing, select "No" and enter the PWD case number in E.3. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

B. Employer Information

1. Legal Business Name *		
Commonwealth Healthcare Corporation		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
1178 HINEMLU' ST. GARAPAN		
4. Address 2 (apartment/suite/floor and number) §		
PO BOX 500409		
5. City *	6. State *	7. Postal Code *
SAIPAN	Northern Mariana Islar	96950
8. Country *	9. Province §	
United States Of America		
10. Telephone Number *	11. Extension §	
+16702348950		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
66-0774364	62211	
14. Type of Employer (Choose only one) *	<input checked="" type="checkbox"/> Individual Employer	<input type="checkbox"/> Job Contractor – Joint Employer
FOR JOB CONTRACTORS ONLY If "Job Contractor – Joint Employer" is marked in question B.14, mark questions 15 and 16 below and include the required items.		
15. A completed Appendix A identifying the employer-client is attached to this application. §		<input type="checkbox"/>
16. An executed contract or other agreement between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application is attached. §		<input type="checkbox"/>

CW-1 Application for Temporary Employment Certification
 Form ETA-9142C
 U.S. Department of Labor



C. Employer Point of Contact Information

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

1. Contact's Last (family) Name *		2. First (given) Name *		3. Middle Name(s) §	
Muna		Esther		Lizama	
4. Contact's Job Title *					
Chief Executive Officer					
5. Address 1 *					
1178 Hinemlu' St. Garapan					
6. Address 2 (apartment/suite/floor and number) §					
PO Box 500409					
7. City *			8. State *		9. Postal Code *
Saipan			Northern Mariana Is		96950
10. Country *			11. Province §		
United States Of America					
12. Telephone Number *		13. Extension §	14. Business Email Address *		
+16702368202			chcchr2011@gmail.com		

D. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.			<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input checked="" type="checkbox"/> None		
2. Attorney or Agent's Last (family) Name §		3. First (given) Name §		4. Middle Name(s) §	
5. Address 1 §					
6. Address 2 (apartment/suite/floor and number) §					
7. City §			8. State §		9. Postal Code §
10. Country §			11. Province §		
12. Telephone Number §		13. Extension §	14. Law Firm/Business Email Address §		
15. Law Firm/Business Name §				16. Law Firm/Business FEIN §	
FOR ATTORNEY USE ONLY					
If "Attorney" is marked in question D.1, complete questions 17 – 19 below.					
17. State Bar Number(s) §			18. State of highest state court where attorney is in good standing §		
19. Name of the highest state court where attorney is in good standing §					
FOR AGENT USE ONLY					
If "Agent" is marked in question D.1, complete question 20 below and include the required attachment.					
20. A copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer is attached to this application. §					<input type="checkbox"/>

CW-1 Application for Temporary Employment Certification
 Form ETA-9142C
 U.S. Department of Labor



E. Job Opportunity Information

a. Occupational Classification and PWD

1. SOC Occupational Code * 49-9062.00	2. SOC Occupation Title * Medical Equipment Repairers
3. If "No" is marked to question A.5, enter the PWD case number obtained from the U.S. Department of Labor for this job opportunity. *	P-500-25182-143942

b. Job Offer and Minimum Requirements

1. Job Title * Biomedical Specialist								
2. Workers Needed * 1		Period of Intended Employment						
3. Begin Date: * 8/26/2026				4. End Date: * 8/25/2027				
5. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. The response must begin in the form space. One separate attachment will be accepted to fully complete the response.)</i> Please See Addendum								
6. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *							7. Hourly work schedule *	
40	a. Total Hours	8	c. Monday	8	e. Wednesday	8	g. Friday	a. 7 : 30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
0	b. Sunday	8	d. Tuesday	8	f. Thursday	0	h. Saturday	b. 4 : 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
8. Education: minimum U.S. diploma/degree required. *								
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input checked="" type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)								
9. Training: number of <u>months</u> required. *		0		10. Work Experience: number of <u>months</u> required. *		24		
11. Supervision: does this position supervise the work of other employees? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. If "Yes" to question 11, enter the number of employees worker will supervise.§		3		
12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Please See Addendum								

CW-1 Application for Temporary Employment Certification
 Form ETA-9142C
 U.S. Department of Labor



c. Place of Employment and Wage Information

1. Worksite Address * 1178 Hinemlu' St. Garapan		
2. Worksite Address § (apartment/suite/floor and number) PO Box 500409		
3. City * Saipan	4. State * Northern Mariana Islan	5. Postal Code * 96950
6. Basic Wage Rate Paid * From: \$ 19 . 86 * To: \$ 20 . 85		6a. Overtime Wage Rate Paid § From: \$ 29 . 79 To: \$ 31 . 28
7. Per (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate	7a. Additional conditions about the wage rate to be paid. § Fringe benefits: Paid time off & holidays	
8. Frequency of Pay. * <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify): _____		
9. Will work be performed at worksite locations other than the one identified above? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. If "Yes" is marked in question E.c.9, a completed Appendix B is attached to this application. §		<input type="checkbox"/>

d. Other Material Terms and Conditions of the Job Offer

1. I have read and agree to provide the following terms and conditions with this job offer as fully explained in Form ETA-9142C – General Instructions and at 20 CFR 655, Subpart E. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Three-Fourths Guarantee: Workers will be offered employment for a total number of work hours equal to at least three-fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any. ▪ Transportation and Subsistence: If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except where the worker will not return due to subsequent employment with another employer or where the employer has appropriately reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved. 	
2. Daily Transportation: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal and Commonwealth laws and regulations. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
3. Overtime Available: Overtime hours will be available to the worker under this job offer and payable for every hour worked at the rate disclosed in this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
4. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
5. Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
6. Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
7. Deductions from Pay: State all deduction(s) from pay and, if known, the amount(s). * CNMI Tax, Federal Tax, Medicare and Social Security. Optional: Medical and dental insurance, Life insurance, 401a retirement plan.	

CW-1 Application for Temporary Employment Certification
 Form ETA-9142C
 U.S. Department of Labor



e. Recruitment Information

1. Explain <u>how</u> prospective U.S. applicants may be considered for employment under this job opportunity, including verifiable methods of contacting the employer, and the days and hours applicants can apply for the job. * Please See Addendum	
2. Telephone Number to Apply * +16702368202	3. Email Address to Apply * apply@chcc.health
4. Website address (URL) to Apply * https://www.chcc.health/job-opportunities.php	

F. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix C will not be certified by the Department.

1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in Appendix C and have attached a signed and dated copy of Appendix C with this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Please confirm that the <u>employer-client</u> identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in Appendix C and has attached a <u>separate</u> signed and dated copy of Appendix C with this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

G. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or Section D (attorney or agent) of this application.

1. Last (family) Name § Camacho	2. First (given) Name § Jaydene	3. Middle Initial § R
4. Law Firm/Business FEIN § 66-0774364	5. Law Firm/Business Name § Commonwealth Healthcare Corporation	
6. Law Firm/Business Email Address § jaydene.camacho@chcc.health		

For the public burden statement, please see the Form ETA-9142C, General Instructions.

CW-1 Application for Temporary Employment Certification
ETA Form 9142C
U.S. Department of Labor



ADDENDUM
Section E.b.5: Job Duties

FOLLOWS ALL COMMONWEALTH HEALTH CENTER (CHC) POLICIES AND PROCEDURES. MAINTAIN MACHINES AND EQUIPMENT IN CONFORMANCE WITH MANUFACTURERS' GUIDELINES, MAKES NECESSARY REPAIRS FOR HEMODIALYSIS CLINIC AND INPATIENT WARDS EQUIPMENT WITH APPROPRIATE DOCUMENTATION ACCORDING TO INDUSTRY STANDARDS. REPAIR AND MAINTAIN, WITH SUPPORT DOCUMENTATION, DIALYSIS SYSTEMS, R.O. WATER SYSTEMS AND ANCILLARY MEDICAL EQUIPMENT AS RECOMMENDED BY THE EQUIPMENT MANUFACTURER'S SPECIFICATIONS AND/OR CHC POLICIES AND PROCEDURES, AS APPLICABLE. RESPONSIBLE FOR ROUTINE AND EMERGENCY EQUIPMENT REPAIR AND RECORDS MAINTENANCE ON ALL HEMODIALYSIS RELATED EQUIPMENT. MANAGE EQUIPMENT DATA, HISTORY, WORK ORDERS, AND PARTS INVENTORY ON CHCC'S FACILITY MANAGEMENT PROGRAM. MAINTAIN ADEQUATE INVENTORY OF SUPPLIES. ENSURES THAT NECESSARY REQUESTS FOR ITEMS ARE SUBMITTED TO APPROPRIATE INDIVIDUALS IN A TIMELY MANNER. COLLECTS NECESSARY WATER SAMPLES PER AAMI STANDARDS, REVIEW AND INTERPRETS RESULTS AND NOTIFYING HEMODIALYSIS CLINIC MANAGER, FACILITIES MANAGER, NURSE MANAGER AND MEDICAL DIRECTOR OF PROBLEMATIC RESULTS AND REPORTS THESE FINDINGS IN QUALITY ASSURANCE MEETINGS. PERFORM ELECTRICAL SAFETY ASSURANCE AND PERFORMANCE TESTING ON ALL DIALYSIS MACHINES AND RELATED ELECTRICAL EQUIPMENT AS REQUIRED BY EQUIPMENT MANUFACTURERS AND/OR CHC POLICIES AND PROCEDURES, AS APPLICABLE. REVIEWS DAILY WATER CHECKS ON R.O. SYSTEM AND LOG SHEET FOR COMPLETENESS AND ACCURACY, NOTING ANY DEVIATIONS FROM NORMAL. DISINFECTS WATER TREATMENT SYSTEMS AND CULTURES OF EACH SYSTEM TO ENSURE PROPER STANDARD IS MET. IMPLEMENTS ALL OPERATIONAL PROCEDURES FOR ALL HEMODIALYSIS EQUIPMENT, INCLUDING ALL DISINFECTION PROCEDURES. MAINTAINS OPEN VERBAL AND WRITTEN COMMUNICATION WITH ALL STAFF ON MATTERS OF A TECHNICAL NATURE. PARTICIPATES IN QUALITY ASSURANCE AND QUALITY IMPROVEMENT OF THE UNIT. PARTICIPATES IN COST CONTAINMENT. PREPARES AND SUBMITS REPORTS AS NEEDED ON A TIMELY BASIS. MAINTAINS A CLEAN AND ORDERLY WORK AREA. ACCURATELY RECORDS AND MAINTAINS ALL REQUIRED LOGBOOKS. PERFORM ELECTRICAL SAFETY TESTS ON BIOMEDICAL INSTRUMENTATION USING SPECIALIZED TEST EQUIPMENT. PERFORMS HIGHLY SKILLED WORK, ASSEMBLE, REPAIR, AND MAINTAIN MECHANICAL, PNEUMATIC, ELECTRICAL, AND COMPLEX ELECTRONIC DEVICES ACCORDING TO SPECIFICATIONS. PERFORM A SYSTEMATIC PREVENTIVE MAINTENANCE PROGRAM OF INSTRUMENTATION. PARTICIPATES IN STAFF, TECHNICAL, EDUCATIONAL, AND QUALITY IMPROVEMENT MEETINGS. WRITE POLICIES AND PROCEDURES AS REQUIRED ENSURING SAFETY OF PATIENT AND OPERATOR. CONDUCTS IN-SERVICE TRAINING FOR NURSES AND OTHER PERSONNEL IN THE OPERATION AND SAFETY USE OF MEDICAL EQUIPMENT. READS, INTERPRETS, AND WORKS FROM BLUEPRINTS, DRAWINGS AND MANUALS. DISASSEMBLE MALFUNCTIONING EQUIPMENT AND REMOVE, REPAIR, OR REPLACE DEFECTIVE PARTS, SUCH AS MOTORS, CLUTCHES, OR TRANSFORMERS. EXAMINE MEDICAL EQUIPMENT OR FACILITY'S STRUCTURAL ENVIRONMENT AND CHECK FOR PROPER USE OF EQUIPMENT TO PROTECT PATIENTS AND STAFF FROM ELECTRICAL OR MECHANICAL HAZARDS AND TO ENSURE COMPLIANCE WITH SAFETY REGULATIONS. TEST, EVALUATE, AND CLASSIFY EXCESS OR IN-USE MEDICAL EQUIPMENT AND DETERMINE SERVICEABILITY, CONDITION, AND DISPOSITION, IN ACCORDANCE WITH REGULATIONS. PLAN AND CARRY OUT WORK ASSIGNMENTS, USING BLUEPRINTS, SCHEMATIC DRAWINGS, TECHNICAL MANUALS, WIRING DIAGRAMS, OR LIQUID OR AIR FLOW SHEETS, FOLLOWING PRESCRIBED REGULATIONS, DIRECTIVES, OR OTHER INSTRUCTIONS AS REQUIRED. STUDY TECHNICAL MANUALS OR ATTEND TRAINING SESSIONS PROVIDED BY EQUIPMENT MANUFACTURERS TO MAINTAIN CURRENT KNOWLEDGE. RESEARCH CATALOGS OR REPAIR PART LISTS TO LOCATE SOURCES FOR REPAIR PARTS, REQUISITIONING PARTS AND RECORDING THEIR RECEIPT. EVALUATE TECHNICAL SPECIFICATIONS TO IDENTIFY EQUIPMENT OR SYSTEMS BEST SUITED FOR INTENDED USE AND POSSIBLE PURCHASE, BASED ON SPECIFICATIONS, USER NEEDS, OR TECHNICAL REQUIREMENTS. SUPERVISE OR ADVISE SUBORDINATE PERSONNEL. ALL OTHER DUTIES AS ASSIGNED.

CW-1 Application for Temporary Employment Certification
ETA Form 9142C
U.S. Department of Labor



ADDENDUM

Section E.b.12: Special Requirements

ANY COMBINATION EQUIVALENT TO GRADUATION FROM A RECOGNIZED COLLEGE WITH ASSOCIATES DEGREE IN ELECTRONICS. MUST POSSES COMPUTER SKILLS IN COMPUTER APPLICATIONS (I.E. MICROSOFT OFFICE); IN ALL REQUIRED COMPUTER SYSTEMS OF CHC. VERBAL AND WRITTEN COMMUNICATION SKILLS. COMPLETION OF WATER TREATMENT SYSTEM TRAINING PROGRAM PREFERRED, HOWEVER, TRAINING PROGRAM IS OFFERED UPON HIRE.

CW-1 Application for Temporary Employment Certification
ETA Form 9142C
U.S. Department of Labor



ADDENDUM

ADDENDUM SECTION E.e.1: Recruitment Information

Interested applicants may be considered for employment by submitting a completed Commonwealth Healthcare Corporation (CHCC) Employment Application to the Human Resources Office. The HR Office is open Monday through Friday from 7:30AM to 4:30PM and is CLOSED on weekends/holidays. Applicants may contact the employer via email at apply@chcc.health or via telephone at (670)236-8202 to apply for the job opportunity posted on the CHCCs official website: <https://www.chcc.health/job-opportunities.php>. Employment applications are made available on the CHCC website and at the CHCCs HR & Main Cashier Office.