

Instructions & Checklist of Required Documents

1. Make sure your Application of Employment (CHCC/HR-01) is completely filled out before submitting to the Office of Human Resources at the Commonwealth Healthcare Corporation.
2. Make sure that you attach the following applicable supporting documents:
 - High School Diploma, GED, or ADI Certificate
 - College Degree (Associates, Bachelors, Masters, or Doctorate Degree) and Official College Transcript
 - Certificates for training / workshops
 - Basic Life Support Certification *(if required by Examination Announcement)*
 - CNMI Professional License *(if required by Examination Announcement)*
 - Form DD-214 for prior military service
 - Registration Document to show proof of registry with the Selective Service System. (For U.S. male citizens between the ages of eighteen (18) to less twenty-six (26) years old). To register, you may go online at www.sss.gov

Upon selection and conditional offer of employment, applicants may be required to provide the following:

- Criminal Record Clearance- good for one (1) year from date issued. (If convicted, must provide Closure Report to show proof of compliance / fulfillment of judgment order)
 - Acceptable documents in compliance with USCIS Form I-9, Employment Eligibility Verification.
 - Updated Immunization Summary for the purpose of pre-employment health clearance.
3. Make sure that you sign and date your Application for Employment.
 4. Specify the titles of the position(s) you are applying for, include the Examination Announcement Number and then submit your application on or before the closing date of the announcement.
 5. For additional position of interest(s), fill out the supplemental Application Transfer Request form.

Our current job vacancy announcements are accessible on the CHCC website at www.chcc.health
Interested applicants may submit their CHCC Employment Applications and required documents to:
apply@chcc.health

(Please cite the Examination Announcement number in either the subject and/or body of your email. Example: EA 12-345 or Examination Announcement 12-345)

Please be informed that prior to a job offer, you are required to undergo a pre-employment drug test pursuant to the Alcohol and Drug Free Workplace Policy, Part 800 of the CHCC HR Rules & Regulations.

THANK YOU FOR YOUR INTEREST IN JOINING OUR CHCC TEAM.

WE LOOK FORWARD TO SERVING YOU.



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950

Telephone No: (670)234-8950 Ext: 3581,3582, or 3583



CHCC/HR-01

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 Office of Human Resource for processing. <i>For additional position of interest(s), fill out the supplemental Application Transfer Request form.</i>				Do Not Write In This Space	
1. Position Applied For:		2. Announcement Number:			
3. Other Position(s) in Which You are Interested:		4. Announcement Number:			
5. Name (First, Middle, Last):		6. Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Mailing Address (P.O. Box Number or Number and Street):		8. Phone Numbers: Primary Alternate			
9. E mail Address:		10. City & State:	11. Zip Code:		
12. Are you legally authorized to work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No		12a. Will you now or in the future require the <i>Commonwealth Healthcare Corporation</i> to sponsor your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Indicate Place of Residence:	Permanent Residence:		Present Residence:		14. Person Able to Contact You (Name, Address, Phone No.)
15. List the languages you are fluent in:	Indicate your knowledge by placing an "X" in the proper columns below:				
ENGLISH	Read	Speak	Write	Understand	
17. Within the last five years of employment have you:			18. Lowest pay you will accept: \$ _____ per _____		
a). Been terminated for any reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No			19. Are you willing to travel? <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Often		
b). Quit a job to avoid being terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No			20. When will you be available to begin working?		
c). Been convicted of any criminal offense and/or traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			21. Are you a Retiree receiving Retirement Pension from the CNMI Government		
<i>If you answer "YES" to 17, give details in item 28.</i>			a.) <input type="checkbox"/> Yes		
			b.) <input type="checkbox"/> Yes, but Qualify for Exemption Payment 1CMC Section 9392(a)		
			c.) <input type="checkbox"/> No		
22. Are you a former employee of the <i>Commonwealth Healthcare Corporation</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			22. If not retired, did you withdraw your retirement contribution?		
			a.) <input type="checkbox"/> Yes Date Withdrawn: _____		
			b.) <input type="checkbox"/> No		
23. List your last employment with the CNMI Government (including any autonomous agencies):					
Position Title:		Pay Level:	Dates of Employment:		From:
Department/ Agency:		Pay Step:			To:

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:		Location: _____		b.) Highest Grade Completed:	
Elementary _____		Location: _____			
High School: _____		Location: _____			
c.) Name and Location of College / University Attended: <i>(Start with your present to previous)</i>		Location	Credits Completed	Type of Degree Attained:	
d.) Chief Undergraduate College Courses/ Subjects:		Credits Completed		e.) Chief Undergraduate College Courses/ Subjects:	
		Semester Hours	Semester Hours		
f.) Name and Location of Other Schools Attended <i>(Trades, Military, Vocational, Business, Internet, etc..)</i>		Credits Completed		g.) Subjects Studied:	
		Semester Hours	Semester Hours		
h.) Special Qualifications, Honors, Skills, etc... (License to practice or operate office machines, data processing equipment such as computers, fax machines, vehicles, construction equipment, etc..)					
25. EXPERIENCE: Fill 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 supervisor responsibilities. If work was part-time, show average number of hours performed per week. Account the periods over the past ten (10) years.					
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:
Reasons for Leaving:				Number and kind of employee(s) supervised:	
Description of Work:					

Continuation on Experience: Fill in each block completely. Start with our 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:		
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:
Reasons for Leaving:			Number and kind of employee(s) 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:
Reasons for Leaving:			Number and kind of employee(s) 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:
Reasons for Leaving:			Number and kind of employee(s) 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:	
Reasons for Leaving:				
Description of Work:				
26. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE JOB FOR WHICH YOU ARE APPLYING FOR:				
Full Name		Contact Information/ Present Address	Business or Occupation	
27. MAY WE CONTACT YOUR PREVIOUS OR CURRENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No				
28. FOR DETAIL ANSWER: Use the space below (Corresponds your answer to the item number)				
Item Number				
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 reading you ineligible for employment or dismissing you from employment with the COMMONWEALTH HEALTHCARE CORPORATION. All statements made in this application are subject to investigation, including a background check or 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 COMMONWEALTH HEALTHCARE CORPORATION.				
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 make in good faith.				
SIGNATURE OF APPLICANT: (Do Not Print)			DATE: (Month, Day, Year)	