



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950



HUMAN RESOURCES

EXAMINATION ANNOUNCEMENT NO. 23-167

POSITION: **RADIOLOGY & X-RAY
TECHNOLOGIST** OPENING DATE: **11/07/2023**

NO. OF VACANCIES: **2** CLOSING DATE: **11/28/2023**

SALARY: **\$15.02 P/H - \$22.43 P/H**

The salary given will be determined by the qualifications of the appointee.

LOCATION: **Commonwealth Health Center, Saipan
Commonwealth Healthcare Corporation**

DUTIES:

Takes x-rays and CAT scans or administers nonradioactive materials into patient's blood stream for diagnostic purposes. Reviews and evaluates developed x-rays, video tapes, or computer-generated information to determine if images are satisfactory for diagnostic purposes. Understand all aspects of imaging equipment and imaging documentation software including PACS/RIS. Acquire thorough understanding of imaging equipment and imaging documentation software, including PACS and DICOM. Operates radiologic or magnetic imaging equipment to produce images of the body. Utilize digital fluoroscopy for biopsies, aspirations and drainages. Uses radiation safety measures and protection devices to comply with regulations and to ensure safety of patients and staff. Positions imaging equipment and adjusts controls to set exposure time and distance, according to specification of examination.

QUALIFICATION REQUIREMENTS:

Associate of Science degree in Radiologic Technology from a recognized/accredited school of Radiology or foreign equivalent and two years of experience. CNMI Professionals License required for all U.S. and foreign workers.

CONDITIONAL REQUIREMENTS:

This position is a temporary, Full-Time employment status at 40 hours per week with a shift schedule of eight hours per day, Monday through Sunday with flexible day(s) off per week. Employment start date will begin on April 1, 2024 through March 31, 2025. Eligible for overtime pay at "*rate x 1.5 per hour*" after completing a 40-hour work week per week for this position. This position is paid on a bi-weekly basis (2-week period). CHCC adheres to all applicable deductions such as C.N.M.I. Tax, Federal Tax, Medicare and Social Security.

Note(s):

- *Three-fourths 20 CFR 655, Subpart E: "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 20 CFR 655, Subpart E: "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*

CHCC is an equal opportunity employer. We consider all applicants for all positions without regard to race, color, religion, sex, disability, age, mental or veteran status, the presence of a non-job related medical condition or disability, or any legal protected status.

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."

Note: Education and training claimed in Employment Application must be substantiated by diploma, certificate or license. Failure to provide complete application form or the required documents will result in automatic disqualification.

INTERESTED PERSONS SHOULD SEND THEIR CURRENT APPLICATION FORMS TO:

Office of Human Resources

Commonwealth Healthcare Corporation

1178 Hinemlu' St. Garapan, Saipan, MP 96950

Operation Hours: Monday Through Friday 7:30 AM – 4:30 PM and CLOSED on weekends/holidays.

Employment Application Forms will be available 24/7 at the employer's hospital facility's Main Cashier Office (entrance/exit point for all)

E-mail: apply@chcc.health

Direct Line: (670) 236-8205/8210/8729/8202

Trunk Line: (670) 234-8950 ext. 3580/3581/3583

Fax Line: (670) 233-8756

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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. §	3/31/2024	
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 exempt 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' Street, Garapan		
4. Address 2 (apartment/suite/floor and number) §		
P.O. Box 500409 CK		
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 §	
+16702368202	3554	
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"/>

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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' Street, Garapan					
6. Address 2 (apartment/suite/floor and number) §					
P.O. Box 500409 CK					
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		3554	chchr2011@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"/>

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E. Job Opportunity Information

a. Occupational Classification and PWD

1. SOC Occupational Code * 29-2034.00	2. SOC Occupation Title * Radiologic Technologists and Technicians
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-500-23188-172315

b. Job Offer and Minimum Requirements

1. Job Title * Radiology & X-ray Technologist											
2. Workers Needed *	2	Period of Intended Employment									
3. Begin Date: * 4/1/2024				4. End Date: * 3/31/2025							
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> Takes x-rays and CAT scans or administers nonradioactive materials into patient's blood stream for diagnostic purposes. Reviews and evaluates developed x-rays, video tapes, or computer-generated information to determine if images are satisfactory for diagnostic purposes. Understand all aspects of imaging equipment and imaging documentation software including PACS/RIS. Acquire thorough understanding of imaging equipment and imaging documentation software, including PACS and DICOM. Operates radiologic or magnetic imaging equipment to produce images of the body. Utilize digital fluoroscopy for biopsies, aspirations and drainages. Uses radiation safety measures and protection devices to comply with regulations and to ensure safety of patients and staff. Positions imaging equipment and adjusts controls to set exposure time and distance, according to specification of examination.											
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. If "Yes" to question 11, enter the number of employees worker will supervise. §					
12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Please See Addendum											

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c. Place of Employment and Wage Information

1. Worksite Address * 1178 Hinemlu' Street, Garapan		
2. Worksite Address § (apartment/suite/floor and number) P.O. Box 500409 CK		
3. City * Saipan	4. State * Northern Mariana Islan	5. Postal Code * 96950
6. Basic Wage Rate Paid * From: \$ 15 . 02 * To: \$ 22 . 43		6a. Overtime Wage Rate Paid § From: \$ 22 . 53 To: \$ 33 . 64
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. Optional-medical & dental insurance
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 type="checkbox"/> Yes <input checked="" 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		

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e. Recruitment Information

1. Explain how 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 *

N/A

3. Email Address to Apply *

apply@chcc.health

4. Website address (URL) to Apply *

https://www.chcc.health/jobopportunities.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. *

Yes No

2. Please confirm that the employer-client identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in **Appendix C** and has attached a separate signed and dated copy of Appendix C with this application. *

Yes No 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 §

Dela Cruz

2. First (given) Name §

Jennifer

3. Middle Initial §

A

4. Law Firm/Business FEIN §

66-0774364

5. Law Firm/Business Name §

Commonwealth Healthcare Corporation

6. Law Firm/Business Email Address §

jennifer.delacruz@chcc.health

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

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ADDENDUM
Section E.b.12: Special Requirements

Associate of Science degree in Radiologic Technology from a recognized/accredited school of Radiology or foreign equivalent and two years of experience. CNMI professions license required for all U.S. and foreign workers.

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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 CHCCs Human Resources Office. The CHCCs HR Office is open Monday through Friday from 7:30 AM to 4:30 PM 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/jobopportunities.php>. Employment Applications are made available on the CHCC website and at the CHCCs HR & Main Cashier Office.