



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.: 3580



APPLICATION FOR EMPLOYMENT

CHCC/HR-01

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.				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. Social Security Number:			
7. Mailing Address (P.O. Box Number or Number and Street):		8. Phone Numbers: Home Work			
9. E mail Address:		10. Island (or City and State):		11. Zip Code:	
12. Citizenship: (a.) United States (US) <input type="checkbox"/> (b.) Immediate Relative (IR) <input type="checkbox"/> Specify _____ (c.) Federal State of Micronesia (FSM) <input type="checkbox"/> (d.) Other <input type="checkbox"/> Specify _____					
13. Indicate Place of Residence:		Permanent Residence:		Present Residence:	
15. List the Languages You Know:		Indicate your knowledge by placing an "X" in the proper columns below:			
		Read	Speak	Write	Understand
ENGLISH					
14. Person Able to Contact You (Name, Address, Phone No.)					
16. Other Name Which You Are or Have been Known By:					
17. Within the last five years of employment have you: a). Been terminated for any reasons? Yes <input type="checkbox"/> No <input type="checkbox"/> b). Quit a job to avoid being terminated? Yes <input type="checkbox"/> No <input type="checkbox"/> c). Been convicted of any criminal offense and /or traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answer "YES" to 17, give details in item 27.					
18. Lowest Pay You Will Accept		19. Will Accept to Travel ? (Check One)		20. When will you be available to begin working?	
\$ _____ Per		None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>			
21. Are You a Retired Person and Receiving Retirement Pension from the CNMI Government a). Yes <input type="checkbox"/> b). Yes, but Qualify for Exemption Payment to 1CMC Section 8392(a) c). No <input type="checkbox"/>					
22. If not retired, did you withdraw your retirement contribution? a). Yes <input type="checkbox"/> Date With Drawn: _____ b). No. <input type="checkbox"/>					
23. List Your Last Employment with the CNMI Government:					
a). Position Title		b). Department/Agency		c). Pay Level & Step	
				d). Dates of Employment	

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:				(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		Type of Degree Attained		Year of Degree Attained	
(E.) Chief Undergraduate College Courses/ Subjects:			Credits Completed		(F.) Chief Undergraduate 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, Skills, (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) From: _____ To: _____	Position /Title: _____	Do Not Write in this Space
Starting \$ _____ Per _____ Ending \$ _____ Per _____		Place of Employment: _____ Grade or Pay Level: _____	
Name and Address of Employer: _____		Name and Title of Immediate Supervisor: _____	Hours Per Week: _____
Reasons for Leaving: _____		Number and Kind of Employee(s) Supervised: _____	
26. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB FOR WHICH YOU ARE APPLYING (Do not list supervisor you listed under items 26.			
Full Name	Present Address/ Contact Information	Business or Occupation	
27. MAY WE CONTACT YOUR EMPLOYER? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>			
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)	