



Office of the Public Auditor

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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APPLICATION FOR EMPLOYMENT

General Instructions: Before completing, please read the 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 submit application to the Office of Public Auditor.

1. POSITION APPLIED FOR		2. ANNOUNCEMENT NUMBER			
3. OTHER POSITION(S) IN WHICH YOU ARE INTERESTED		4. ANNOUNCEMENT NUMBER(S)			
5. NAME (First, Middle, Last)		6. SOCIAL SECURITY NUMBER			
7. MAILING ADDRESS		8. PHONE NUMBERS Home: _____ Cellphone: _____ Work: _____			
9. CITY, STATE		10. ZIP CODE			
11. CITIZENSHIP UNITED STATES <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____ IMMIGRATION STATUS _____					
12. INDICATE PLACE OF RESIDENCE PERMANENT RESIDENCE _____ PRESENT RESIDENCE _____		13. PERSON ABLE TO CONTACT YOU (Name, Address, Phone Number)			
14. LIST THE LANGUAGES YOU KNOW				Indicate your knowledge by placing "X" Read Speak Understand Write	
ENGLISH					
				15. OTHER NAMES YOU ARE OR WERE KNOWN	
16. HAVE YOU EVER:	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 answered "yes" to 16, give details in item 23.					
17. LOWEST PAY YOU WILL ACCEPT \$ _____ per		WILL YOU ACCEPT TO TRAVEL? (Check One) None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>		WHEN WILL YOU BE AVAILABLE TO BEGIN WORKING?	
18. LAST PREVIOUS EMPLOYMENT WITH TRUST TERRITORY GOVERNMENT OR GOVERNMENT OF THE NORTHERN MARIANA ISLANDS					
A) Job Title	Organization	Grade or Pay Level	From (Month, Year)	To (Month, Year)	
B) 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"/>					
C) If not retired, did you withdraw your retirement contribution? a) Yes <input type="checkbox"/> Date _____ b) No <input type="checkbox"/>					

19. EDUCATION AND TRAINING

(Official school transcript and diploma or certificate must be attached to this application upon submission for all 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		Credits Completed		Type of Degree	Year of Degree
		From	To	Semester Hrs.	Quarter Hrs.		
(E) Chief Undergraduate College Subjects		Credits Completed		(F) Chief Undergraduate College Subjects		Credits Completed	
		Semester Hrs.	Quarter Hrs.			Semester Hrs.	Quarter Hrs.
(G) Name and location of other schools attended (trade, vocational, business, military, correspondence)		Credits Completed		(H) Subject Studied		Credits Completed	
		Semester Hrs.	Quarter Hrs.			Semester Hrs.	Quarter Hrs.
(I) Special qualifications, skills, honors (licenses, operate office machines, data processing equipment, vehicles, etc.)						Words per minute	
						Typing	Shorthand

20. 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, describe your supervisory responsibilities. If work was part-time, show average number of hours worked per week. Account the periods over the past ten years.

1) Dates of Employment (Month, Year)		Position Title	
From	To		
Salary		Name and Address of Employer	
Starting \$	per		
Final \$	per		
Name and Title of Immediate Supervisor			Hours Per Week
Reason for Leaving			Number and Kind of Employees Supervised
Description of Work			

2) Dates of Employment (Month, Year)		Position Title	
From	To		
Salary		Name and Address of Employer	
Starting \$	per		
Final \$	per		
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	
From	To		
Salary		Name and Address of Employer	
Starting \$	per		
Final \$	per		
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	
From	To		
Salary		Name and Address of Employer	
Starting \$	per		
Final \$	per		
Name and Title of Immediate Supervisor		Hours Per Week	
Reason for Leaving		Number and Kind of Employees Supervised	
Description of Work			

5) Dates of Employment (Month, Year) From To	Position Title	
Salary Starting \$ per 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		
21. 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 supervisors you listed in item 20.)		
Full Name	Present Address	Business or Occupation
22. MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
23. FOR DETAILED ANSWERS. Use space below (Correspond your answer to the item number)		
Item Number		
ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE 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 Office of the Public Auditor or for dismissing you from employment after appointment. All statements made in this application are subject to investigation, including a check of court records and contact with former employers. All information pertinent to this application will be considered in determining your present fitness for employment with the Office of the Public Auditor.		
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. My signature below authorizes the release of court and employment documents and references upon request of the CNMI Office of the Public Auditor.		
SIGNATURE OF APPLICANT (DO NOT PRINT)		DATE (Month, Day, Year)