



Northern Marianas College

Human Resource Office

P.O. Box 501250 CK Saipan MP, 96950

Phone: (670) 237-6856/6857/6858 Fax: (670) 235-3696

<http://www.marianas.edu>

FOR OFFICE USE

Received by

Date

Comp. Incomp.

GENERAL INSTRUCTIONS

Type or print all answers clearly with a dark ballpoint pen. Answer all questions fully and accurately. Applicants must submit all required documents. Please submit the following documents to the Northern Marianas College Human Resource Office:

- Complete Employment Application Form (References to "See Attached Resumes" will not be accepted).
- Authorization for Release of Prior Employment Information & Consent to Background Check
- Cover Letter (Optional)
- Detailed Resume (Does not substitute for content that should be on this application)
- Copies of all college transcripts (all official transcripts are required upon hire).

****The employment application fields must be completely filled and all required documents must be submitted by the closing date. The Human Resources Office may NOT PROCESS and may REJECT any application deemed incomplete.**

EMPLOYMENT APPLICATION FORM

1. POSITION(S) YOU ARE APPLYING FOR	2. VACANCY ANNOUNCEMENT(S)#
3. NAME (LAST, FIRST, MI)	4. CONTACT INFORMATION HOME:
5. MAILING ADDRESS	WORK:
CITY STATE ZIP CODE	MOBILE:
6. DO YOU HAVE LEGAL RIGHT TO BE EMPLOYED IN THE CNMI OR U.S.? YES NO	7. PERSON ABLE TO CONTACT YOU (Name, Address, Phone Number and email address):
8. LIST THE LANGUAGES YOU KNOW: SPEAK READ WRITE UNDERSTAND ENGLISH	10. SPACE FOR ANSWER:
9. WITHIN THE LAST FIVE YEARS HAVE YOU: a) BEEN FIRED FOR ANY REASON? Yes No b) QUIT A JOB TO AVOID BEING FIRED? Yes No c) BEEN CONVICTED OF AN OFFENSE OR FORFEITED BAIL? Yes No <i>If you have answered "yes" to any of these questions, please explain in box 10 → → → → → → →</i>	
11. LOWEST PAY YOU WILL ACCEPT: \$ per	12. WHEN WILL YOU BE AVAILABLE?

13. EDUCATION & TRAINING (Official School transcript and diploma or certificate must be attached to this application upon submission for all education and training claimed).						
A) Name & Location of High School attended:			B) Name & Location of last school attended:			
Highest grade completed:			Dates Attended		Credits Completed	
C) Name & Location of College or University attended:			FROM	TO	Semester Hours	Quarter Hours
D) Chief Undergraduate Study			Credits Completed		E) Chief Graduate Study	
F) Name & Location of other schools attended (trade, vocational, business, military, correspondence).			Dates Attended		Subject Studied or certificate received:	
			FROM	TO		
G) Special qualifications, skills, honors (licenses; operate office machine, data processing equipment, vehicles, construction equipment, etc)			Words Per Minute			
			Typing		Shorthand	
<p>14. EXPERIENCE : Fill in each blank 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 for all the time during the past ten years, including periods of unemployment.</p>						Do not write in this space
Dates of Employment (Month, Year)			Position Title			
FROM TO						
Salary Starting \$ per			Place of Employment			Hours worked per week
Final \$ per						
Name and Address of Employer			Name and Title of Immediate Supervisor / E-mail:			Contact #
Reason for Leaving						Number and kind of employees supervised
Description of Work						

Dates of Employment (Month, Year)		Position Title	
FROM	TO		
Salary Starting \$	per	Place of Employment	Hours worked per week
Final \$	per		
Name and Address of Employer		Name and Title of Immediate Supervisor / E-mail:	Contact #:
Reason for Leaving			Number and kind of employees supervised
Description of Work			
Dates of Employment (Month, Year)		Position Title	
FROM	TO		
Salary Starting \$	per	Place of Employment	Hours worked per week
Final \$	per		
Name and Address of Employer		Name and Title of Immediate Supervisor / E-mail:	Contact #:
Reason for Leaving			Number and kind of employees supervised
Description of Work			
Dates of Employment (Month, Year)		Position Title	
FROM	TO		
Salary Starting \$	per	Place of Employment	Hours worked per week
Final \$	per		
Name and Address of Employer		Name and Title of Immediate Supervisor / E-mail:	Contact #:
Reason for Leaving			Number and kind of employees supervised
Description of Work			

15. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB FOR WHICH YOU ARE APPLYING FOR. Do not list supervisors you listed under section 14.

Full Name	Position Title	Contact Number and E-mail Address

16. MAY YOUR PRESENT EMPLOYER BE CONTACTED? (Yes or No):

ATTENTION: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION!

A false answer, statement, or attempt to deceive or defraud in this application is grounds for rating you ineligible for employment with the NORTHERN MARIANAS COLLEGE or for dismissing you from employment with the COLLEGE after appointment. All statements made in this application are subject to investigation, including a check of court records and former employers. All information pertinent to this application will be considered in determining your present fitness for employment with the NORTHERN MARIANAS COLLEGE.

All post-secondary education degrees must be from a U.S. Department of Education recognized and accredited institution. It is our requirement that degrees be from a U.S.-accredited college or university. Foreign degrees may be accepted when accompanied by a credential evaluation report. A listing of authorized evaluation reports can be obtained at the National Association of Credential Evaluation Services (NACES) website at <http://www.naces.org/>

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification (I-9) document form upon hire.

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 complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE OF APPLICANT (DO NOT PRINT)	DATE (Month, Day, Year)
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**Authorization for Release of Prior Employment Information &
Consent to Background Check**

I have made an application for employment with the Northern Marianas College.

Information regarding my employment with your organization follows:

I authorize Northern Marianas College (NMC) to contact my present employer (unless otherwise noted in this application form), past employers, past and present employment (unless otherwise noted in this application form that the present employer is not to be contacted) that NMC finds relevant in determining my suitability for the employment position applied for.

I hereby authorize Northern Marianas College (NMC) to obtain any information you may have concerning my employment with your organization. I also authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application form and accompanying resume to provide NMC with relevant information and opinions that may be useful to NMC in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

Sign

Date

Print

Any information furnished relative to the application of the above individual will be treated with strictest confidence.

Thank you.