



# Northern Marianas Technical Institute

P.O. Box 504880 Saipan MP 96950

Tel. No.: (670) 235-6684

## EMPLOYMENT APPLICATION

FOR OFFICE USE	
Received by	
Date	
<input type="checkbox"/> Comp.	<input type="checkbox"/> Incomp.

POSITIONS YOU ARE APPLYING FOR			VACANCY ANNOUNCEMENT(S) #	
NAME (LAST, FIRST, MIDDLE INTIAL)			CONTACT INFORMATION	
MAILING ADDRESS			HOME:	
CITY			WORK:	
STATE		ZIP CODE	MOBILE:	
DO YOU HAVE LEGAL RIGHT TO BE EMPLOYED IN THE CNMI OR U.S.?			EMAIL:	
<input type="checkbox"/> YES <input type="checkbox"/> NO				
LIST THE LANGUAGES YOU KNOW:			PERSON ABLE TO CONTACT YOU	
	SPEAK	READ	WRITE	UNDERSTAND
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WITHIN THE LAST FIVE (5) YEARS, HAVE YOU:				
a. BEEN FIRED FOR ANY REASON? <input type="checkbox"/> YES <input type="checkbox"/> NO				
b. QUIT A JOB TO AVOID BEING FIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
c. BEEN CONVICTED OF AN OFFENSE OR FORFEITED BAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If you have answered "yes" to any of these questions, please explain in adjacent box →				
LOWEST PAY YOU WILL ACCEPT:				
\$	PER			
WHEN WILL YOU BE AVAILABLE TO START?				
BEST TIME TO CONTACT YOU <input type="checkbox"/> AM <input type="checkbox"/> NOON <input type="checkbox"/> PM				
			(Space for answer)	



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**ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING FOR WITHOUT REASONABLE ACCOMMODATION?**

YES  NO

**AUTHORIZATION FOR RELEASE OF PRIOR EMPLOYMENT INFORMATION & CONSENT TO BACKGROUND CHECK**

I have made an application for employment with the Northern Marianas Technical institute. Information regarding my employment with your organization follows:

I authorize Northern Marianas Technical Institute (NMTI) 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 NMTI finds relevant in determining my suitability for the employment position applied for.

I hereby authorize NMTI to obtain any information you may have concerning my employments 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 my 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.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**ANY INFORMATION FURNISHED RELATIVE TO THE APPLICATION OF THE ABOVE INDIVIDUAL WILL BE TREATED WITH STRICTEST CONFIDENCE.**

**EDUCATION & TRAINING** (Official School Transcript and Diploma or Certificate MUST BE attached to this application upon submission for all education and training claimed)

**Name & Location of High School Attended:**

**Name & Location of Last School Attended:**

**Highest grade completed:**

<b>Name &amp; Location of College or University Attended:</b>	<b>Dates Attended</b> (i.e., From Jan. 2002 to March 2007)	<b>Credits Completed</b> (i.e. Semester Hours; Quarter Hours)	<b>Degrees Completed</b> (list type of degree and date completed)



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Chief Undergraduate Study	Credits Completed	Chief Graduate Study	Credits Completed
Name & Location of other schools attended (trade, vocational, business, military, correspondence)	Dates Attended	Subject Studied or Certificate Received	Date of Certificate
<b>Special qualifications, skills, honors, (license; operate machinery; data process equipment; vehicles; construction equipment, etc.)</b>			Words per minute  Type:  Shorthand:
<b>EXPERIENCE:</b> Fill in each blank completely. Start with your present or most recent employer and work back. Describe all 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.			Do not write in this space
<b>Dates of Employment (Month, Year)</b>  FROM                      TO		<b>Position Title</b>	
<b>Salary</b> Starting \$                      per  Final                      \$                      per		<b>Place of Employment</b>	<b>Hours worked per week</b>
<b>Name and Address of Employer</b>		<b>Name and Title of Immediate Supervisor/ Email:</b>	<b>Contact #:</b>
<b>Reason for Leaving:</b>			<b># and type of staff supervised</b>
<b>Description of work</b>			



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<b>Dates of Employment (Month, Year)</b>		<b>Position Title</b>	
<b>FROM</b>	<b>TO</b>		
<b>Salary</b>		<b>Place of Employment</b>	<b>Hours worked per week</b>
<b>Starting \$</b>	<b>per</b>		
<b>Final \$</b>	<b>per</b>		
<b>Name and Address of Employer</b>		<b>Name and Title of Immediate Supervisor/ Email:</b>	<b>Contact #:</b>
<b>Reason for Leaving:</b>			<b># and type of staff supervised</b>
<b>Description of work</b>			
<b>Dates of Employment (Month, Year)</b>		<b>Position Title</b>	
<b>FROM</b>	<b>TO</b>		
<b>Salary</b>		<b>Place of Employment</b>	<b>Hours worked per week</b>
<b>Starting \$</b>	<b>per</b>		
<b>Final \$</b>	<b>per</b>		
<b>Name and Address of Employer</b>		<b>Name and Title of Immediate Supervisor/ Email:</b>	<b>Contact #:</b>
<b>Reason for Leaving:</b>			<b># and type of staff supervised</b>
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**LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB YOU ARE APPLYING FOR. Do not list immediate supervisors already identified in this application.**

Full Name	Position Title	Contact Number and Email Address

**MAY YOUR PRESENT EMPLOYER BE CONTACTED?**       YES       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 Technical Institute or for dismissing you from employment with the Institute 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 Technical Institute.

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.**

<b>SIGNATURE OF APPLICANT (DO NOT PRINT)</b>	<b>DATE (MONTH, DAY, YEAR)</b>
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