



**COMMONWEALTH PORTS AUTHORITY**

Main Office: FRANCISCO C. ADA/SAIPAN INTERNATIONAL AIRPORT

P.O. BOX 501055, SAIPAN, MP 96950-1055

Phone: (670) 664-3500/1 Fax: (670) 234-5962

E-mail Address: cpa.admin@saipan.com

Website: www.cpa.gov.com

**FOR CPA EMPLOYMENT APPLICATION**

The following documents **must** be attached to CPA's employment application form **before** the deadline of a vacancy announcement. Failure to provide any of the required documents will result in automatic disqualification:

- Completely filled and signed CPA application form
- Copy of high school (or G.E.D.) or higher education diploma as required for position
- Original copy of recent police record (no more than 6 months from date of issue)
- Pursuant to Public Law 11-70, all male applicants age 18 to 26 years must also submit copy evidencing registration with the Federal Selective Service System
- Retired members or veterans of the U.S. Armed Forces must also submit original copy of U.S. Department of Defense Form DD214

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**(For CPA Official Use)**

**APPLICANT INFORMATION RELEASE FORM**

I, \_\_\_\_\_, hereby authorize any person, educational institution, company, former and present employer(s) that I have listed on my employment application form for the CPA, to disclose any information being requested regarding my present/past work performance/attitude, qualification, and fitness for employment.

I hereby release any person or company from any liability or responsibility from requesting or providing information incident to the employment process.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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## APPLICATION FOR EMPLOYMENT

**GENERAL INSTRUCTIONS:** READ THE CERTIFICATION SECTION AT THE END OF THIS APPLICATION BEFORE FILLING IT IN. TYPE OR PRINT ALL ANSWERS CLEARLY WITH A DARK PEN. ANSWER ALL QUESTIONS FULLY AND ACCURATE. SIGN AND RETURN TO THE COMMONWEALTH PORTS AUTHORITY.

DO NOT WRITE  
IN THIS SPACE

1. KIND OF JOB APPLIED FOR (or Title of Examination)

3. OTHER JOBS IN WHICH YOU ARE INTERESTED

4. NAME (FIRST, Middle, Last)

5. SOCIAL SECURITY NUMBER

6. MAILING ADDRESS (P.O. Box Number or Number and Street)

7. PHONE NUMBERS

Home  
Work

8. CITY AND STATE

ZIP CODE

9. BIRTHDATE (Month, Day, Year)

10. BIRTHPLACE

11. CITIZENSHIP

United States   
Other   
Specify \_\_\_\_\_

12. SEX

MALE  FEMALE

13. MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)

14. INDICATE BY ISLAND OR CITY AND STATE PLACE OF

PERMANENT RESIDENCE

PRESENT RESIDENCE

15. PERSON ABLE TO CONTACT YOU (Name, Address, Phone Number)

16. LIST THE LANGUAGES YOU KNOW

Indicate your knowledge by placing "X" in the proper columns.

Read Speak Understand Write

ENGLISH

17. LIST ALL OTHER NAMES YOU ARE OR HAVE BEEN KNOWN BY

18. WITHIN THE LAST FIVE YEARS HAVE YOU:

a) BEEN FIRED FOR ANY REASONS? Yes  No

b) QUIT A JOB TO AVOID BEING FIRED? Yes  No

c) BEEN CONVICTED OF AN OFFENSE OR FORFEITED BAIL Yes  No

If your answer is "yes" to 18, give details in item 26.

19. LOWEST PAY YOU WILL ACCEPT

\$ \_\_\_\_\_ per

20. WILL YOU TRAVEL? (Check one)

None  Some  Often

21. WHEN WILL YOU BE AVAILABLE?

22. LAST PREVIOUS EMPLOYMENT WITH TRUST TERRITORY GOVERNMENT OR GOVERNMENT OF THE NORTHERN MARIANA ISLANDS

(A) Are you retired from and receiving retirement benefits from the Commonwealth government?

a) Yes

b) Yes, but qualify for exemption payment to 1 CMC §392(a)

c) No

(B) Job Title

Organization

Grade or Pay Level

From (Month, Year)

To (Month, Year)

**23. 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 A and C through F).

<b>(A) Elementary/High School</b>  Highest grade completed: _____ If graduated give date: _____		<b>(B) Name and Location of Last School Attended</b>  _____ _____						
<b>(C) Name and Location of College or University attended</b>		<b>Dates attended</b>		<b>Credits Completed</b>		<b>Type of degree</b>	<b>Year of degree</b>	
		From	To	Semester Hours	Quarter Hours			
<b>(D) Chief undergraduate college subjects</b>		<b>Credits Completed</b>		<b>(E) Chief graduate college subjects</b>			<b>Credits Completed</b>	
		Semester Hours	Quarter Hours				Semester Hours	Quarter Hours
<b>(F) Name and location of other schools attended (trade, vocational, business, military, correspondence)</b>		<b>Credits Completed</b>		<b>Subject studied</b>			<b>If Certificate received, give date</b>	
		From	To					
<b>(G) Special qualifications, skills, honors (licenses; operate office machine, data processing equipment, vehicles, construction equipment, etc.)</b>						<b>Words per minute</b>		
						Typing	Shorthand	

**24. 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 for all time over the past ten years, including periods of unemployment.

1	<b>Dates of Employment (Month, Year)</b> From _____ To _____	<b>Position Title</b>  _____ _____		Do not write in this space	
<b>Salary</b> Starting \$ _____ per Final \$ _____ per		<b>Place of Employment</b>  _____	<b>Grade or Pay Level</b>  _____		
<b>Name and Address of employer</b>  _____			<b>Name and Title of Immediate Supervisor</b>  _____		<b>Hours Per Week</b>  _____
<b>Reason for Leaving</b>  _____				<b>Number and Kind of Employees Supervised</b>  _____	
<b>Description of Work</b>  _____ _____ _____ _____ _____					

**IF ADDITIONAL SPACE IS NEEDED FOR EDUCATION OR EXPERIENCE, USE A PLAIN PIECE OF PAPER APPROXIMATELY THE SIZE OF THIS PAGE AND ATTACH HERE. PRINT YOUR NAME ON EACH SHEET.**

<b>2</b>	<b>Dates of Employment (Month, Year)</b> From _____ To _____	Position Title	Do not write in this space
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<b>Salary</b> Starting \$ _____ per Final \$ _____ per	Place of Employment	Grade or Pay Level
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Name and Address of employer	Name and Title of Immediate Supervisor	Hours Per Week
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Reason for Leaving	Number and Kind of Employees Supervised
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Description of Work

<b>3</b>	<b>Dates of Employment (Month, Year)</b> From _____ To _____	Position Title	Do not write in this space
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<b>Salary</b> Starting \$ _____ per Final \$ _____ per	Place of Employment	Grade or Pay Level
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Name and Address of employer	Name and Title of Immediate Supervisor	Hours Per Week
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Reason for Leaving	Number and Kind of Employees Supervised
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Description of Work

<b>4</b>	<b>Dates of Employment (Month, Year)</b> From _____ To _____	Position Title	Do not write in this space
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<b>Salary</b> Starting \$ _____ per Final \$ _____ per	Place of Employment	Grade or Pay Level
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Name and Address of employer	Name and Title of Immediate Supervisor	Hours Per Week
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Reason for Leaving	Number and Kind of Employees Supervised
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Description of Work

