

CSC-OPM Office of Personnel Management

INSTRUCTIONS/CHECKLIST of Required Supporting Documents

1. Make sure your official document, Application of Employment (OPM-3), is truthfully and completely filled out before submitting to the Staffing Section of the Office of Personnel Management. Providing a resume of detailed information is optional, yet encouraged.
2. Make sure that you attach copies of the following applicable supporting documents. **Boldfaced** are the basic requirements needed to complete your application packet :
 - ★ **High School or equivalent education program Diploma, Transcript or Graduation Certification Letter.**
 - ★ **College Degree or Official College Transcript** (Documents written in a foreign language should be translated into English)
 - ★ **Criminal Record Clearance** (Valid for one (1) year from the date issued and must be from the state they have resided for at least a year)
 - ★ **Valid Driver's License or Valid Identification Card**
 - ★ **Registration document to show proof of registry with the Selective Service System.** (For US male citizens between the ages of eighteen (18) to less than twenty six (26) years old) To register, you may go on-line at www.sss.gov
 - ★ **Immigration Card or Passport** required to verify Non-CNMI residents and Non-US Citizens.
 - Professional or Occupational Licenses or Certificates
 - Certificates for training/workshops
 - Form DD-214 for prior military services
3. Make sure that you sign and date your Application of Employment.
4. Specify the titles of the position (s) you are applying for and its Examination Announcement number. Submit your application on or before the closing date of the announcement

For more information about our office and job vacancy announcements, you may access our website at **cnmiopm.net**. For additional departments/agencies job vacancy listing, please review the websites provided on the reverse side of this document.

Please be Informed that prior to a job offer, you are required to undergo a pre-employment drug test screening pursuant to the Alcohol and Drug Free Workplace, Part V.C of the Personnel Services System Rules and Regulations.

Thank You and Good Luck!

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).

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|---|--|------------------------------|-------------------|--|-------------------------|
| (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): | | Date Attended | Credits Completed | Type of Degree Attained | Year of Degree Attained |
| | | | | | |
| | | | | | |
| (E) Chief Undergraduate College Courses / Subjects: | | Credits Completed | | (F) Chief Graduate College Courses / Subjects: | |
| | | Semester Hours | Quarter Hours | Credits Completed | |
| | | | | Semester Hours | Quarter Hours |
| | | | | | |
| (G) Name and Location of Other School Attended (Trades, Military, Vocational, Business, Internet, Correspondence, etc.): | | Credits Completed | | (H) Subject Studied: | |
| | | Semester Hours | Quarter Hours | Credits Completed | |
| | | | | Semester Hours | Quarter Hours |
| | | | | | |
| (I) Special Qualifications, Honors, Skills, (License to practice or operate office machines, data processing equipment such as computers, fax machine, vehicles, construction equipment, etc.): | | | | | |

25. 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, 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.

| | | | |
|-------------------------------|--|--|----------------------------|
| 1. | Dates of Employment (Month / Year): From: _____ To: present | Position / Title : | Do Not Write In This Space |
| Salary: | | Place of Employment : | Grade or Pay Level: |
| Starting \$ | Per Hour | | |
| Ending \$ | Per Hour | | |
| Name and Address of Employer: | | Name and Title of Immediate Supervisor: | Hours Per Week: |
| Reason for Leaving: | | Number and Kind of Employee(s) Supervised: | |
| Description of Work: | | | |
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Continuation on 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, 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): From: _____ To: _____ | Position / Title: | Do Not Write In This Space |
| Salary: Starting \$ _____ Per Hour Ending \$ _____ Per Hour | | Place of Employment: | Grade or Pay Level: |
| 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: | | | |
| _____ | | | |
| _____ | | | |
| 3. | Dates of Employment (Month / Year): From: _____ To: _____ | Position / Title: | Do Not Write In This Space |
| Salary: Starting \$ _____ Per Hour Ending \$ _____ Per Hour | | Place of Employment: | Grade or Pay Level: |
| Name and Address of Employer: | | Name and Title of Immediate Supervisor: | Hours Per Week: |
| Reason for Leaving: | | Number and Kind of Employee(s) Supervised: | |
| Description of Work: | | | |
| _____ | | | |
| _____ | | | |
| 4. | Dates of Employment (Month / Year): From: _____ To: _____ | Position / Title: | Do Not Write In This Space |
| Salary: Starting \$ _____ Per Hour Ending \$ _____ Per Hour | | Place of Employment: | Grade or Pay Level: |
| Name and Address of Employer: | | Name and Title of Immediate Supervisor: | Hours Per Week: |
| Reason for Leaving: | | Number and Kind of Employee(s) Supervised: | |
| Description of Work: | | | |
| _____ | | | |
| _____ | | | |

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|--|--|--|-------------------------------|
| 5. | Dates of Employment (Month / Year): From: _____ To: _____ | Position / Title: | Do Not Write In This Space |
| Salary: Starting \$ _____ Per Hour Ending \$ _____ Per Hour | | Place of Employment: | Grade or Pay Level: |
| Name and Address of Employer: | | Name and Title of Immediate Supervisor: | Hours Per Week: |
| Reason for Leaving: | | Number and Kind of Employee(s) Supervised: | |
| Description of Work: | | | |
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| 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 item 25): | | | |
| Full Name | Present Address | Business or Occupation | |
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| 27. MAY WE CONTACT YOUR EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 28. FOR DETAIL ANSWER: Use the space below (Correspond your answer to the item number) | | | |
| Item Number | | | |
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| 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 rating you ineligible for employment or dismissing you from employment with the CNMI Government pursuant to PART III. A B G of the Personnel Service System Rules & Regulations. All statements made in this application are subject to investigation, including a background check of 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 CNMI government. | | | |
| 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 made in good faith | | | |
| SIGNATURE OF APPLICANT: (Do Not Print) | | DATE: (Month, Day, Year) | |