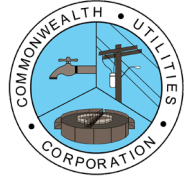




COMMONWEALTH UTILITIES CORPORATION EMPLOYMENT APPLICATION



GENERAL INSTRUCTIONS: Before completing, please read the certification section at the end of the application. Type or print all answers clearly with a dark ballpoint pen. Answer all questions fully and accurately, sign, date and return the application to the Office of Human Resource for processing. <i>For additional position of interest(s), fill out the Employment Application Transfer Request form.</i>				Do Not Write In This Space	
1. Position Applied For:		2. Announcement Number:			
3. Other Position(s) in Which You are Interested:		4. Announcement Number:			
5. Name (First, Middle, Last):		6. Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Mailing Address (P.O. Box Number or Number and Street):		8. Phone Numbers: Primary Alternate			
9. City & State:		10. Zip Code:		11. E-mail Address:	
12. Are you legally authorized to work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No		12a. Will you now or in the future require the Commonwealth Utilities Corporation to sponsor your employment? Yes No			
		14. Person Able to Contact You (Name, Address, Phone No.)			
13. Indicate Place of Residence:		Permanent Residence:		Present Residence:	
15. List the languages you are fluent in:		Indicate your fluency by placing an "X" in the proper columns below:			
		Read Speak Write Understand			
ENGLISH					
17. Within the last five years of employment have you:		18. Lowest pay you will accept: \$ _____ per _____			
a.) Been terminated for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Are you willing to travel? <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Often			
b.) Quit a job to avoid being terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. When will you be available to begin working?			
c.) Been convicted of any criminal offense and/or traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		21. Are you a Retiree receiving Retirement Pension from the CNMI Government a.) <input type="checkbox"/> Yes b.) <input type="checkbox"/> Yes, but Qualify for Exemption Payment 1CMC Section 9392(a) c.) <input type="checkbox"/> No			
If you answer "YES" to any item in 17, give details in item 28.					
22. Are you a former employee of the Commonwealth Utilities Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. If not retired, did you withdraw your retirement contribution? a.) <input type="checkbox"/> Yes Date Withdrawn: _____ b.) <input type="checkbox"/> No			
23. Most recent employment with the CNMI Government (if applicable including any autonomous agencies): For the Purpose of Public Law 15-57, § 82604.					
Position Title:		Dates of Employment			
Department/ Agency:		From:		To:	

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).					
a.) Name and Location of Elementary /High School Attended: Elementary _____ High School: _____		Location: _____ Location: _____		b.) Highest Grade Completed:	
c.) Name and Location of College / University Attended: <i>(Start with your present to previous)</i>		Location	Credits Completed	Type of Degree Attained:	
d.) Chief Undergraduate College Courses/ Subjects:		Credits Completed <div style="display: flex; justify-content: space-between;"> <div>Semester Hours</div> <div>Semester Hours</div> </div>		e.) Name and Location of Other Schools Attended <i>(Trades, Military, Vocational, Business, Internet, etc..)</i>	
f.) Special Qualifications, Honors, Skills, etc. (License to practice or operate office machines, data processing equipment such as computers, fax machines, vehicles, construction equipment, etc.)					
25. EXPERIENCE: Fill 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 supervisor responsibilities. If work was part-time, show the average number of hours performed per week. Account For the periods over the past ten (10) years.					
1.	Dates of Employment (Month/Year)		Position /Title:		
	From:	To:			
Salary:			Place of Employment:		
Starting \$ _____ Per _____					
Ending \$ _____ Per _____					
Name, Address, & Contact Information of Employer:			Name and Title of Immediate Supervisor:		Hours Per Week:
Reasons for Leaving:				Number and kind of employee(s) supervised:	
Brief Description of Work:					

2.	Dates of Employment (Month/Year)		Position /Title:
	From:	To:	
Salary:			Place of Employment:
Starting	\$	Per	
Ending	\$	Per	
Name, Address, & Contact Information of Employer:			Name and Title of Immediate Supervisor:
			Hours Per Week:
Reasons for Leaving:			Number and kind of employee(s) supervised:
Brief Description of Work:			
3.	Dates of Employment (Month/Year)		Position /Title:
	From:	To:	
Salary:			Place of Employment:
Starting	\$	Per	
Ending	\$	Per	
Name, Address, & Contact Information of Employer:			Name and Title of Immediate Supervisor:
			Hours Per Week:
Reasons for Leaving:			Number and kind of employee(s) supervised:
Brief Description of Work:			
4.	Dates of Employment (Month/Year)		Position /Title:
	From:	To:	
Salary:			Place of Employment:
Starting	\$	Per	
Ending	\$	Per	
Name, Address, & Contact Information of Employer:			Name and Title of Immediate Supervisor:
			Hours Per Week:
Reasons for Leaving:			Number and kind of employee(s) supervised:
Brief Description of Work:			

5.	Dates of Employment (Month/Year)		Position /Title:	
	From:	To:		
Salary:			Place of Employment:	
Starting	\$	Per		
Ending	\$	Per		
Name, Address, & Contact Information of Employer:			Name and Title of Immediate Supervisor:	
			Hours Per Week:	
Reasons for Leaving:				
Brief Description of Work:				
26. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE JOB FOR WHICH YOU ARE APPLYING FOR:				
Full Name		Contact Information/ Email / Present Address		Business or Occupation
27. MAY WE CONTACT YOUR PREVIOUS OR CURRENT EMPLOYER(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
28. FOR DETAIL ANSWER: Use the space below (Corresponds your answer to the item number)				
Item Number				

APPLICANT'S AUTHORIZATION AND CERTIFICATION

1	I hereby affirm that the information provided on this application (and accompanying CV or resume) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me for further consideration for employment and may be considered justification for dismissal (from employment) if discovered at a later date.	_____ INITIAL
2	I authorize a thorough investigation of my past employment and activities, agree to cooperate in such an investigation, and release from any and all liability or responsibility all persons and companies requesting or supplying information.	_____ INITIAL
3	I hereby agree to submit to any lawful drug, integrity, or skills testing that may be required as a condition of employment or continued employment, and understand that unless otherwise prohibited by law, refusal to submit to drug testing during the course of my employment may result in discharge pursuant to the CUC Employee Drug and Alcohol Abuse Policy.	_____ INITIAL

APPLICANT'S AUTHORIZATION AND CERTIFICATION (cont'd)

4	I hereby agree to provide any requested police clearance. I also agree to provide a record search from the United States District Court for the Northern Mariana Islands, if requested.	_____ INITIAL
5	I hereby authorize and release any records, files, documents, or other information pertaining to me which may be obtained in a reference check or credit report from one or more of the three Credit Bureaus: Experian, Equifax, and TransUnion.	_____ INITIAL
6	I also understand that my employment is terminable for cause or necessity pursuant to CUC personnel policies or my CUC employment contract, if offered employment.	_____ INITIAL
7	I understand that this application does not provide any guarantee of employment. If offered a job, I understand that I will be given a letter of intent to employ with further details about the hiring process.	_____ INITIAL
8	I understand that when I am competing for a position, this authorization is good for a year from my signature below. However, if offered and employed by CUC, this authorization is good for the duration of my employment at CUC.	_____ INITIAL
9	I understand that CUC may re-evaluate the hiring needs at any time. Should a vacancy be determined to no longer be necessary or should an alternative to filling a certain vacancy announcement be determined, CUC may close any vacancy without selection.	_____ INITIAL

**THE COMMONWEALTH UTILITIES CORPORATION IS AN EQUAL OPPORTUNITY
PROVIDER AND EMPLOYER AND WILL NOT DISCRIMINATE OR TOLERATE
DISCRIMINATION AGAINST ANY EMPLOYEE OR APPLICANT IN ANY MANNER
PROHIBITED BY LAW.**

Print Name (First / Middle / Last)

Signature

Date