



JUDICIARY ADMINISTRATIVE OFFICE
Guma' Hustisia•Imwal Aweewe•House of Justice
P.O. Box 502165, Saipan, MP 96950
Telephone: (670) 236-9700 www.nmijudiciary.gov

EMPLOYMENT APPLICATION INSTRUCTIONS AND INFORMATION

Thank you for your interest in employment with the CNMI Judiciary. A clear understanding of your background and work history is important to effectively evaluate your qualifications. The completion of this application represents your ability to provide written or typed communication and follow directions. Your completed application is the primary source of information for making selection decisions and you may be evaluated solely on the information provided.

Instructions and Information:

1. Employment applications must be received or postmarked by the announced closing date. **Late applications will not be accepted.**
2. A separate *CNMI Judiciary Employment Application* must be submitted for each position opening.
3. Print or type your employment application clearly. Incomplete or illegible applications may not be accurately reviewed.
4. Attach supplement sheets, if necessary, to complete your application.
5. All submitted *CNMI Judiciary Employment Applications* must be signed by the applicant, certifying that all statements are true and complete. An unsigned application may be rejected. (For applications submitted electronically your name will serve as your official signature certifying the contents of the application) If at any time any information provided in the employment application is determined to be false, you will not longer be considered for employment, or if already employed with the Judiciary, may be subject to immediate termination.
6. Resumes are encouraged. However, they will only be considered as a supplement to the *CNMI Judiciary Employment Application*, the information contained within the resume may or may not be used to award points during the application review. Resumes sent in lieu of the application will not be considered.
7. Submitting an employment application does not mean you will be interviewed or hired.
8. Once submitted, notify the office to which you submitted an employment application of any change in name, address, telephone number or availability.
9. If you are offered employment, your employment will be conditional, subject to the results of a routine background investigation, including a criminal history check, drug testing and court records check.
10. If you are hired, the *Immigration Reform and Control Act* requires that you provide proof of your eligibility to work in the United States within three work days. Failure to do so may result in immediate termination.

The Judiciary is an Equal Opportunity Employer.

EDUCATION

LEVEL	NAME & ADDRESS OF SCHOOL	GRADUATED	DEGREE ATTAINED
13. HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED CERTIFICATE <i>*Attach High School Diploma or GED Certificate</i>
14. COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> BACHELOR'S <input type="checkbox"/> ASSOCIATES Major: _____ Major: _____ <i>*Attach College Diploma and/or Official Transcript</i>
15. GRADUATE / OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORATE'S <i>*Attached Diplomas, Certificates, and/or Official Transcript</i>

JOB RELATED QUALIFICATIONS AND SKILLS

16. List any skills (e.g. language, computer, keyboarding speed), honors, awards, licenses, certifications or special accomplishments (e.g. memberships in professional/honor societies, leadership activities, performance awards) that you believe are relevant to your ability to perform the job.

17. List any language(s) other than English that you are proficient in:

LANGUAGE	SPEAK	READ	WRITE	TRANSLATE
	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

WORK HISTORY

Begin with your most recent position, account for your employment during the last ten years. Include any military service. Attach a separate sheet if necessary.

JOB TITLE: _____	NAME AND ADDRESS OF EMPLOYMENT: _____ _____	DATES OF EMPLOYMENT (month/year): From: _____ To: _____ NUMBER OF HOURS WORK PER WEEK: _____
NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____		TELEPHONE: _____
REASON FOR LEAVING: _____		
DESCRIPTION OF WORK: _____ _____ _____ _____		
May an inquiry be made of your present employer regarding your character, qualifications, and record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK HISTORY (Continuation)

JOB TITLE: _____	NAME AND ADDRESS OF EMPLOYMENT: _____ _____	DATES OF EMPLOYMENT (<i>month/year</i>): From: _____ To: _____ NUMBER OF HOURS WORK PER WEEK: _____
NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____	TELEPHONE: _____	
REASON FOR LEAVING: _____		
DESCRIPTION OF WORK: _____ _____ _____ _____		

JOB TITLE: _____	NAME AND ADDRESS OF EMPLOYMENT: _____ _____	DATES OF EMPLOYMENT (<i>month/year</i>): From: _____ To: _____ NUMBER OF HOURS WORK PER WEEK: _____
NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____	TELEPHONE: _____	
REASON FOR LEAVING: _____		
DESCRIPTION OF WORK: _____ _____ _____ _____		

JOB TITLE: _____	NAME AND ADDRESS OF EMPLOYMENT: _____ _____	DATES OF EMPLOYMENT (<i>month/year</i>): From: _____ To: _____ NUMBER OF HOURS WORK PER WEEK: _____
NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____	TELEPHONE: _____	
REASON FOR LEAVING: _____		
DESCRIPTION OF WORK: _____ _____ _____ _____		

JOB TITLE: _____	NAME AND ADDRESS OF EMPLOYMENT: _____ _____	DATES OF EMPLOYMENT (<i>month/year</i>): From: _____ To: _____ NUMBER OF HOURS WORK PER WEEK: _____
NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____	TELEPHONE: _____	
REASON FOR LEAVING: _____		
DESCRIPTION OF WORK: _____ _____ _____ _____		

REFERENCES

List three people who have definite knowledge of your qualifications that are not relatives or employers.

NAME	JOB TITLE	ADDRESS	CONTACT NO.

REMARKS

Use this space for continuation of answers. List the item number being explained.

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HOW DID YOU HEAR ABOUT US?

- | | | |
|--|--|---|
| <input type="checkbox"/> NMI Judiciary Website | <input type="checkbox"/> Social Media | <input type="checkbox"/> Current Judiciary Employee |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Other: _____ |

APPLICATION CERTIFICATION AND AUTHORIZATION

I certify that I possess the experience, education, and/or licenses required for the position I am applying for. I also certify that all statements, information and documents provided with this application are true, complete, and correct to the best of my knowledge and are made in good faith. I understand any false statements, omissions, or misrepresentations contained in this application or provided in the interview process or related correspondence or supporting documents may disqualify me for employment consideration. Should an investigation at any time disclose any falsification, omission, or misrepresentation this application or supporting documents, the Judiciary may immediately terminate my employment for cause.

I hereby authorize and consent to the release of any and all information, including without limitation, all records, statements and opinions held by any persons, employers, schools, law enforcement agencies, military personnel and other authorized personnel to verify the information contained in this application. I authorize the release of all records relating to my attendance at any school or educational institutions, including without limitation, transcripts and other documentation of academic achievements, attendance records, incident reports and/or disciplinary actions. I authorize the release of any and all employment records, including without limitation, my complete personnel or evaluation, advancement, demotion or change in pay, and grievances filed by or against me, and any corrective or disciplinary actions. I agree to fill out and submit any forms necessary to disclose these records to the Judiciary.

SIGNATURE: _____ DATE SIGNED: _____