



# COMMONWEALTH PORTS AUTHORITY

Main Office: SAIPAN INTERNATIONAL AIRPORT, 2<sup>ND</sup> Floor Arrival Bldg.  
PO BOX 501055 • SAIPAN • MP • 96950-1055  
Phone: (670)237-6500 Fax: (670) 234-5962  
Website: [www.cnmiports.com](http://www.cnmiports.com)



## CHECKLIST FOR CPA EMPLOYMENT APPLICATION of Required Supporting Documents

1. Make sure your Application for Employment is completely filled out before submission to the Commonwealth Ports Authority.
2. You **MUST** attach ALL supporting documents before the closing of JVA to be eligible:
  - ☐ High School Diploma, GED or ADI Certificate;
  - ☐ Copy of Driver's License or any official government-issued I.D., and Passport.
  - ☐ College Degree (Associates, Bachelors, Masters or Doctorate Degree) or Official College Transcript; Professional or Occupational Licenses or Certificates;
  - ☐ Certificates of ALL trainings/workshops attended;
  - ☐ Form DD-214 for prior military service;
  - ☐ Original Criminal Record Clearance-good for six (6) months from date of issue. (If convicted, must provide Closure Report to show proof of compliance/fulfillment of judgment order);
  - ☐ Registration document to show proof of registry with the Selective Service System. (For U.S. male citizens between the ages of eighteen (18) to twenty-five (25) years old). To register, you may get an application at the US Post Office or go online at [www.sss.gov](http://www.sss.gov).
3. Make sure that you sign and date your Application for Employment;
4. Specify the titles of the position(s) you are applying for, include the Announcement Number and submit on or before the CLOSING DATE of announcement.

\*\*\*\*\**Thank you for your interest and Good Luck!*\*\*\*\*\*

### 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 for any incident to the employment process.

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

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

(For CPA Official Use)

Port of Saipan  
PO Box 501055, Saipan MP 96950  
Tel: (670)664-3550 Fax: (670)322-4710

Rota International Airport/Seaport  
PO Box 561, Rota MP 96951  
Tel: (670)532-9497 Fax: (670)532-9499

Tinian International Airport/Seaport  
PO Box 235, Tinian MP 96952  
Tel: (670)433-9294 Fax: (670)433-0790



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APPLICATION FOR EMPLOYMENT

<b>GENERAL INSTRUCTIONS:</b> 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.				<b>DO NOT WRITE IN THIS SPACE</b>	
1. POSITION APPLIED FOR:			2. Announcement Number:		
3. OTHER JOBS IN WHICH YOU ARE INTERESTED:			4. Announcement Number:		
5. NAME: (First, Middle, Last)			6. Title or Honorific (i.e., Mr., Mrs., etc.):		
7. Mailing Address: (P.O. Box Number or Number and street):			8. PHONE NUMBERS: HOME: WORK:		
9. Island (or CITY & STATE):		ZIP CODE :	10. Email Address:		
11. Citizenship: United States <input type="checkbox"/> Immediate Relative <input type="checkbox"/> Specify _____ <input type="checkbox"/> Federated States of Micronesia Specify _____ <input type="checkbox"/> Other Specify _____			12. PERSON ABLE TO CONTACT YOU: (Name, address, Phone#)		
13. INDICATE BY ISLAND OR CITY : & STATE PLACE OF:		PERMANENT RESIDENCE :	PRESENT RESIDENCE:		
14. LIST OF LANGUAGE YOU KNOW:		Indicate your knowledge by placing "X" in the proper columns			
ENGLISH		Read	Speak	Understand	Write
16. WITHIN THE LAST FIVE YEARS HAVE YOU: a) BEEN TERMINATED FOR ANY REASON YES <input type="checkbox"/> NO <input type="checkbox"/> b) QUIT A JOB TO AVOID BEING TERMINATED YES <input type="checkbox"/> NO <input type="checkbox"/> c) BEEN CONVICTED OF AN OFFENSE OR FORFEITED BAD YES <input type="checkbox"/> NO <input type="checkbox"/>					
17. Lower Pay you will accept \$ _____ per		18. Will you Travel? (Check one) None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>		19. When will you be available?	
20. Are you retired from & receiving retirement Benefits from the Commonwealth government? YES <input type="checkbox"/> b.) Yes, but qualify for exemption payment To 1 CMC §8392(a) <input type="checkbox"/> c.) NO <input type="checkbox"/>					
21. If not retired, did you withdraw your retirement contribution? a.) Yes <input type="checkbox"/> Date Withdrawn _____ b.) No <input type="checkbox"/>					

[illegible]

2	Dates of Employment (Month, Year)		Position/Title:		Do Not Write in this Space:
	From:	To:			
Salary Starting: \$                      per Final:     \$                      per		Place of Employment:		Grade/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:					
3	Dates of Employment (Month, Year)		Position/Title:		Do Not Write in this Space:
	From:	To:			
Salary Starting: \$                      per Final:     \$                      per		Place of Employment:		Grade/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)		Position/Title:		Do Not Write in this Space:
	From:	To:			
Salary Starting: \$                      per Final:     \$                      per		Place of Employment:		Grade/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:					

5	Dates of Employment (Month, Year)		Position/Title:		Do Not Write in this Space:
	From:	To:			
Salary		Place of Employment:		Grade/Pay Level:	
Starting: \$		per			
Final: \$		per			
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:					
24. LIST AT LEAST THREE OR FOUR PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION/ JOB FOR WHICH YOU ARE APPLYING. Do not list supervisors you listed under Item 24.					
Full Name		Email Address & Contact No.		Business/Occupation	
25. MAY WE CONTACT YOUR PAST/PRESENT EMPLOYER? _____ YES _____ NO					
26. SPACE FOR DETAILED ANSWERS (Indicate Item number to which answer applies.)					
Item Number					
<p align="center"><b>ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION</b></p> <p>A false answer or statement, or an attempt to deceive or defraud in this application is grounds for rating you ineligible for employment with the Commonwealth Ports Authority (CPA) or for dismissing you from employment with the CPA after appointment. 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 CPA.</p> <p align="center"><b>CERTIFICATION</b></p> <p>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 for Employment are true, complete and correct to the best of my knowledge and belief and are made in good faith.</p>					
SIGNATURE OF APPLICANT: (Do Not Print)				Date Submitted: (Month, Day, Year)	