

19. 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 F.)

(A) Elementary/High School

(B) Name and Location of last School attended

Highest grade completed

If graduated give date

(C) Name and Location of College or University attended

Dates attended

Credits Completed

From

To

Semester Hour

Quarter Hour

Type of degree

Year of degree

(D) Chief undergraduate college subjects

Credits completed

Semester Hour

Quarter Hour

(E) Chief graduate college subjects

Credits completed

Semester Hour

Quarter Hour

(F) Name and location of other schools attended (trade, vocational, business, military, correspondence)

Dates attended

From

To

Subject studied

If Certificate received, give date.

(G) Special qualifications, skills, honors (licenses, operate office machines, data processing equipment, vehicles, construction equipment, etc.)

Words per Minute

Typing

Shorthand

20. EXPERIENCE: Fill in each block carefully and 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, explain your supervisory responsibilities. If work was part-time, show average number of hours worked per week. If you worked under a name different from the name in item 5, print the former name at the end of the "Description of Work" box. Account for all time over the past ten years, including periods of unemployment.

1	DATES OF EMPLOYMENT (Month, Year)		Position Title		Do not write in this space
	From	To			
	Salary		Place of Employment	Grade or Pay Level (If Government Service)	
	Starting \$	per			
	Final \$	per			
Name and address of employer			Name, Title and Address of Immediate Supervisor		
Reason for Leaving			Number and Kind of Employees Supervised		
Description of Work					

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

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 or Pay Level (If Government Service)	
Name and address of employer			Name, Title and Address of Immediate Supervisor		
Reason for Leaving				Number and Kind of Employees 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 or Pay Level (If Government Service)	
Name and address of employer			Name, Title and Address of Immediate Supervisor		
Reason for Leaving				Number and Kind of Employees 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 or Pay Level (If Government Service)	
Name and address of employer			Name, Title and Address of Immediate Supervisor		
Reason for Leaving				Number and Kind of Employees Supervised	
Description of Work					

5	DATES OF EMPLOYMENT (Month, Year) From To	Position Title		Do not write in this space
Salary Starting \$ per Final \$ per		Place of Employment	Grade or Pay Level (If Government Service)	
Name and address of employer			Name, Title and Address of Immediate Supervisor	
Reason for Leaving			Number and Kind of Employees Supervised	
Description of Work				
21. 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 supervisors you listed under section 21.				
Full Name		Occupation	Phone Number and E-mail Address	
22. MAY YOUR PRESENT EMPLOYER BE CONTACTED? ☐ Yes ☐ No				
23. SPACE FOR DETAILED ANSWERS (Indicate Item number to which answers apply.)				
Section Number				
ATTENTION: READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION				
A false answer or statement, or an attempt to practice deception or fraud, in this application is grounds for determining you ineligible for employment with the MARIANAS VISITORS AUTHORITY, or for dismissing you from employment with the MARIANAS VISITORS AUTHORITY after appointment. All statements made in this application are subject to investigation, including a check of records, former employers, and listed references. All information pertinent to this application will be considered in determining your present fitness for employment with the MARIANAS VISITORS AUTHORITY.				
CERTIFICATION				
I CERTIFY that I have read and understood the foregoing paragraph. I FURTHER CERTIFY that all of the answers and statements made in this application are true and correct to the best of my knowledge and were all made in good faith.				
PLEASE SIGN HERE	SIGNATURE OF APPLICANT (DO NOT PRINT)		DATE (Month, Day, Year)	