



Marianas Health Services, Inc.

"Providing Quality Health Care Solutions to the CNMI"

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____ Day Phone: _____
 Mailing Address: _____ Evening Phone: _____
 Social Security No: _____ Email: _____
 Position Applying for: _____

How did you learn about our Agency?

Newspaper T.V. / Channel
 Radio / Station Personal Reference
 Magazine Other

Classification:

Registered Nurse Physical Therapist
 LPN / VN Occupational Therapist
 Cert. HHA MSW / Social Worker
 S&L Pathologist Other

What days will you be available for work? (Please circle): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Date available to start work: _____ Anticipated length of employment: _____

Are you 18 yrs of age or older? YES NO Are you legally eligible to work in the U.S.? YES NO

Have you been convicted of a felony (will not necessarily exclude you from employment)? YES NO

Language: _____ Speak Read Write Language: _____ Speak Read Write

EDUCATION/CERTIFICATIONS OR LICENSES

NAME & LOCATION (City, State)	GRADUATE?	YEAR	DEGREE/SUBJECT STUDIED
High School:			
College:			
College:			
Trade/Business/Tech School:			
Certifications and/or License	License No.	EXP. DATE	STATE ISSUED



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EMPLOYMENT HISTORY

Most Recent Employer Name: _____	Address: _____
Position Title: _____	Supervisor's Name: _____
Starting Date: _____	Ending Date: _____
Phone No: _____	Starting Salary: _____
Reason for leaving: _____	Ending Salary: _____
Job Responsibilities: _____	

Former Employer Name: _____	Address: _____
Position Title: _____	Supervisor's Name: _____
Starting Date: _____	Ending Date: _____
Phone No: _____	Starting Salary: _____
Reason for leaving: _____	Ending Salary: _____
Job Responsibilities: _____	

Former Employer Name: _____	Address: _____
Position Title: _____	Supervisor's Name: _____
Starting Date: _____	Ending Date: _____
Phone No: _____	Starting Salary: _____
Reason for leaving: _____	Ending Salary: _____
Job Responsibilities: _____	

Former Employer Name: _____	Address: _____
Position Title: _____	Supervisor's Name: _____
Starting Date: _____	Ending Date: _____
Phone No: _____	Starting Salary: _____
Reason for leaving: _____	Ending Salary: _____
Job Responsibilities: _____	

AUTHORIZATION

I certify that the information contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the employers listed above to give you any and all information regarding my previous employment and any pertinent information they may have; and release the company from all liability for any damage that may result from utilization of such information.

Signature of Applicant

Date