



CNMI PUBLIC SCHOOL SYSTEM
HUMAN RESOURCES OFFICE

VOLUNTEER APPLICATION

Cover Page

LIST OF DOCUMENTS TO ATTACH TO THIS APPLICATION

1. Police Clearance (original) (place of residence for the last six (6) months)

2. Medical Certificate

To expedite a review of your employment application, you must submit the above checked marked document(s) with your application.

Human Resources Office will **NOT PROCESS** any incomplete applications.

For HRO use only
Last Name: _____ First Name: _____ MI: _____
Date Received: _____ Date Expiration: _____



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

STATE BOARD OF EDUCATION
PUBLIC SCHOOL SYSTEM
P.O. BOX 501370
SAIPAN, MP 96950



PERSONAL DATA

Last Name: _____ First Name: _____ MI: _____

Permanent Address: _____

CNMI Address: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

E-mail Address: _____

POSITION(S) APPLIED FOR: _____

School / Program: _____

Type of Work Desired: Full Time Part Time Temporary On-Call
 Other: _____

GENERAL INFORMATION

1. Have you ever applied for a job with PSS in the past? _____Yes _____No
If yes, please give the date(s) of application and the position for which you applied. State your name at the time, if different from your present name.

2. Have you ever been employed by PSS in the past? _____Yes _____No
If yes, please give dates of employment, and position(s) held. State your name while employed, if different from your present name.

3. Have you ever been convicted, pled guilty, or pled "no contest" to any felony or misdemeanor? ___Yes ___No

Note: a "yes" answer does not automatically disqualify you since the nature of the offense, the date it was committed, and the type of job for which you are applying will be considered.

If yes, explain on a separate sheet of paper and attach it.

4. Have you been charged with a crime that has not yet resulted in a plea of guilty or no contest by you, a trial, or a dropping of the charge? ___Yes ___No

Note: a "yes" answer will not automatically disqualify you.

If yes, explain on a separate sheet of paper and attach it.

5. Please provide emergency contact information:

Emergency Contact Person: _____ Relationship: _____

Phone No. _____ Address: _____

6. EDUCATIONAL DATA (FOR VOLUNTEER TEACHERS ONLY)

SCHOOLS ATTENDED	NAME OF SCHOOL AND LOCATION (HIGHEST GRADE COMPLETED)	DID YOU GRADUATE? YES NO	DEGREE/ DIPLOMA/ CERTIFICATE	GRADE POINT AVERAGE	MAJOR COURSES OF STUDY
HIGH SCHOOL(S)			DO NOT ANSWER		DO NOT ANSWER
TECHNICAL, BUSINESS OR MILITARY TRAINING					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					
ADDITIONAL JOB-RELATED SEMINARS, SHORT COURSES, WORKSHOPS, OR OTHER EDUCATIONAL EXPERIENCES:					

IMPORTANT

Please read each paragraph carefully before you submit this form.

1) Representation that application is filled out truthfully:

By my signature placed below, I promise that the information provided in this application is true and complete.

Date: _____ Signature: _____

2) Consent to Investigate Criminal Records/Agreement to Notify PSS of Crime Info.:

I authorize the CNMI Public School System's investigation of all statements contained in this application. I understand that this investigation may include obtaining a police clearance from the CNMI Department of Public Safety and a record of arrests and dispositions from the Federal Bureau of Investigation. I also agree to notify the PSS within fifteen (15) day if I should be charged or convicted of any crime, while my application is pending or, during my period of volunteering.

Date: _____ Signature: _____

3) Consent to Physical Examination and review of Medical Records:

I give permission for a complete physical examination by the CNMI Public School System (PSS) and I consent to the release to PSS of any and all medical information, as may be deemed necessary by PSS in judging my capability to do the work for which I am applying.

Date: _____ Signature: _____

4) Agreement:

I agree that I am applying for a volunteer position of my own free will and if selected, I agree that I will abide by all Board of Education (BOE), Public School System (PSS), and individual school policies, procedures and regulations and comply with all reasonable directions of the PSS employer supervising me.

Date: _____ Signature: _____

5) Agreement:

I understand that if I am accepted for a volunteer position that I will not receive any compensation for my services or be guaranteed future employment with PSS or the Board of Education. I further agree that this is a temporary volunteer position and that I may be asked to leave the position at any time or for any reason.

Date: _____ Signature: _____