



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

*Revised*

**OFFICE OF THE GOVERNOR  
OFFICE OF PERSONNEL MANAGEMENT**

P.O. Box 5153 CHRB, SAIPAN, MP 96950 - 5153

TEL. NOS.: (670) 234-6925 / 6958 / 8036

FAX NO.: (670) 234-1013

**EXAMINATION ANNOUNCEMENT NO: 12-003**

**OPENING DATE: 01/04/12**

**CLOSING DATE: 01/18/12**

This examination is for the purpose of developing an Open Competitive and Promotional Eligible list. It is the policy of the Commonwealth of the Northern Mariana Islands that the personnel system will be applied and administered according to the principle of equal opportunity for all citizens and nationals as defined by the Northern Marianas Commonwealth Constitution regardless of age, race, sex, religion, political affiliation or belief, marital status, disability or place of origin.

**POSITION AND SALARY: Coral Education & Outreach Coordinator**

**Ungraded  
\$34,000.00 P/A**

The salary given will be determined by the qualification of the appointee.

**LOCATION: Office of the Governor  
Coastal Resources Management**

**DUTIES:**

This position will serve as a coral reef outreach coordinator at the Coastal Resources Management Office. She/He will be responsible for implementing priority outreach-related aspects of the CNMI Coral Reef Protection Local Action Strategy, and communicating with, motivating and working with the public on coral reef and environmental issues. Some specific tasks follows; Develops and implements and outreach education strategy for CRMO coral-related programs including permitting, enforcement, wetlands, watershed protection, beach restoration, public access, and no point source pollution. Helps coordinate environmental outreach efforts with a variety of agencies and public and private stakeholder groups including the interagency CNM Organization for Conservation Outreach Working group. Develops interpretive, education and information materials, displays and programs for coral reef and coastal management issues. Write articles for the newspapers, agency websites, and other media summarizing CNMI coral reef protection and CRMO coastal management efforts, accomplishments, and plans. Helps develop presentations and materials to be given and distributed at various local, regional and national meetings. Coordinates hiring process summer internship. Develops and write final campaign reports submitted to Directors of CRM, DEQ and DFW. Perform other duties as assigned by the CRMO Administrator.

**QUALIFICATION REQUIREMENTS:**

Any combination equivalent to graduation from an accredited college or university with a B.A. degree in any field plus two (2) years relevant experience in social science survey techniques or mater's degree in social science field. **Copy of degree/official transcript and police clearance must be attached to the application.**

**CONDITIONAL REQUIREMENTS:**

This position is **"COVERED"**: Is eligible to receive overtime payment for overtime hours performed pursuant to Part IV.B16 of the Personnel Service System Rules and Regulation (PSSR/R), Part I.7C of the Excepted Service Regulation (ESR) and the Fair Labor Standards Act (FLSA).

**NOTE: Education and training claimed under item 19(A) through (F) of the Application for Employment must be substantiated by an official school transcript, diploma or certificate. FAILURE TO PROVIDE THE REQUIRED DOCUMENTS WILL RESULT IN AUTOMATIC DISQUALIFICATION.**

**INTERESTED PERSONS SHOULD SEND THEIR CURRENT APPLICATION FORMS TO:**

Office of Personnel Management  
J.M. Building, Garapan  
Saipan, MP 96950

Office of Personnel Management  
Songsong Village  
Rota, MP 96951

Office of Personnel Management  
San Jose Village  
Tinian, MP 96952

*For more information, please contact Fran Castro, Coral Reef Point of Contact at coralreefpoc@gmail.com.*



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 OFFICE OF THE GOVERNOR  
 OFFICE OF PERSONNEL MANAGEMENT  
 P.O. Box 5153 CHRB, SAIPAN, MP 96950 - 5153

FAX: 234-1013  
 PHONE: 234-6925/8036

## APPLICATION FOR EMPLOYMENT

**General Instructions:** Before completing, please read the certification section at the end of this application. Type or print all answers clearly with a dark ballpoint pen. Answer all questions fully and accurately; sign, date and return the application to the Office of Personnel Management for processing.

DO NOT WRITE IN THIS SPACE

1. POSITION APPLIED FOR		2. ANNOUNCEMENT NUMBER							
3. OTHER POSITION(S) IN WHICH YOU ARE INTERESTED		4. ANNOUNCEMENT NUMBER(S)							
5. NAME (FIRST, Middle, Last)		6. SOCIAL SECURITY NUMBER							
7. MAILING ADDRESS (P.O. Box Number or Number and Street)		8. PHONE NUMBERS Home: Work:							
9. ISLAND (or City and State)		10. ZIP CODE							
11. CITIZENSHIP:  UNITED STATES <input type="checkbox"/> OTHER: <input type="checkbox"/> SPECIFY: _____  DO YOU HAVE IR STATUS: YES <input type="checkbox"/> NO <input type="checkbox"/> RELATIONSHIP: _____									
12. INDICATE PLACE OF RESIDENCE	PERMANENT RESIDENCE	PRESENT RESIDENCE							
14. LIST THE LANGUAGES YOU KNOW		Indicate your knowledge by placing "X" in the proper columns.							
<b>ENGLISH</b>		Read	Speak						
		Understand	Write						
13. PERSON ABLE TO CONTACT YOU (Name, Address, Phone Number)									
15. OTHER NAMES BY WHICH YOU ARE OR HAVE BEEN KNOWN									
16. HAVE YOU EVER: <table style="width:100%; border:none;"> <tr> <td style="width:33%;">a) BEEN TERMINATED FOR ANY REASONS? Yes <input type="checkbox"/></td> <td style="width:33%;">b) QUIT A JOB TO AVOID BEING TERMINATED? Yes <input type="checkbox"/></td> <td style="width:33%;">c) BEEN CONVICTED OF ANY CRIMINAL OFFENSES? Yes <input type="checkbox"/></td> </tr> <tr> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>				a) BEEN TERMINATED FOR ANY REASONS? Yes <input type="checkbox"/>	b) QUIT A JOB TO AVOID BEING TERMINATED? Yes <input type="checkbox"/>	c) BEEN CONVICTED OF ANY CRIMINAL OFFENSES? Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
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No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>							
If you answered "yes" to 16, give details in item 23									
17. LOWEST PAY YOU WILL ACCEPT \$ _____ per		WILL YOU ACCEPT TO TRAVEL? (Check One) None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>							
WHEN WILL YOU BE AVAILABLE TO BEGIN WORKING?									
18. LAST PREVIOUS EMPLOYMENT WITH TRUST TERRITORY GOVERNMENT OR GOVERNMENT OF THE NORTHERN MARIANA ISLANDS									
A) Job Title	Organization	Grade or Pay level	From (Month, Year) To (Month, Year)						
B) Are you retired from and receiving retirement benefits from the Commonwealth government? <table style="width:100%; border:none;"> <tr> <td style="width:33%;">a) Yes <input type="checkbox"/></td> <td style="width:33%;">b) Yes, but qualify for exemption payment to 1 CMC § 8392 (a) <input type="checkbox"/></td> <td style="width:33%;">c) No <input type="checkbox"/></td> </tr> </table>				a) Yes <input type="checkbox"/>	b) Yes, but qualify for exemption payment to 1 CMC § 8392 (a) <input type="checkbox"/>	c) No <input type="checkbox"/>			
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C) If not retired, did you withdraw your retirement contribution? <table style="width:100%; border:none;"> <tr> <td style="width:50%;">a) Yes <input type="checkbox"/> Date _____</td> <td style="width:50%;">b) No <input type="checkbox"/></td> </tr> </table>				a) Yes <input type="checkbox"/> Date _____	b) No <input type="checkbox"/>				
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**19. EDUCATION AND TRAINING**

(Official school transcript and diploma or certificate must be attached to this application upon submission for all training claimed under A through I).

(A) Name and Location of Elementary / High School attended			(B) Highest Grade Completed		(C) If Graduated, Give Date		
(D) Name and location of College/University attended (Start with your present to previous)			Dates attended		Credits Completed		
			From	To	Semester Hours	Quarter Hours	Type of Degree
(E) Chief undergraduate college subjects		Credits Completed		(F) Chief graduate college subjects		Credits Completed	
		Semester Hours	Quarter Hours			Semester Hours	Quarter Hours
(G) Name and location of other schools attended (trade, vocational, business, military, correspondence)		Credits Completed		(H) Subject Studied		If Certificate received, Give Date	
		From	To				
(I) 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 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, describe your supervisory responsibilities. If work was part-time show average number of hours worked per week. Account the periods over the past ten years.**

1	Dates of Employment (Month, Year) From                      To	Position Title	Do not write in this space
	Salary Starting    \$                      per Final        \$                      per	Place of Employment	
	Name and Address of Employer	Name and Title of Immediate Supervisor	
	Reason for Leaving	Hours Per Week	
	Description of Work		Number and Kind of Employees Supervised

2	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary			Place of Employment	
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 Employees Supervised	
Description of Work				
3	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary			Place of Employment	
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 Employees Supervised	
Description of Work				
4	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary			Place of Employment	
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 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	
Name and Address of Employer		Name and Title of Immediate Supervisor	Hours Per Week
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 in item 20).			
Full Name	Present Address	Business or occupation	
22. MAY WE CONTACT YOUR PRESENT EMPLOYER?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
23. FOR DETAILED ANSWERS. Use space below (Correspond your answer to the item number)			
Item Number			
<b>ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION</b>			
A false answer or statement, or attempt to deceive or defraud in this application is grounds for rating you ineligible for employment with the COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS or for dismissing you from employment after appointment. All statements made in this application are subject to investigation, including a check of court records and contact with former employers. All information pertinent to this application will be considered in determining your present fitness for employment with the COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS.			
<b>CERTIFICATION</b>			
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 are true, complete and correct to the best of my knowledge and belief and are made in good faith. My signature below authorize the release of court and employment documents and references upon request of the CNMI Office of Personnel Management or the Head of the Department or activity considering my application.			
SIGNATURE OF APPLICANT (DO NOT PRINT)			DATE (Month, Day, Year)