



SAIPAN CHAMBER OF COMMERCE

P. O. Box 500806 Saipan, MP 96950

Tel: (670) 233-7150 Fax: (670) 233-7151

E-mail: executive@saipanchamber.com

Application for Chamber Administrator / Planner **Due no later than March 8, 2010, 5:00 p.m.**

PLEASE PRINT/TYPE

Name:		
Social Security No:		
Email:		
Address:		
City:	State:	ZIP:
Area Code:	Business Telephone:	
Area Code:	Home Telephone:	
How were you referred to us?		

What is your minimum wage/salary requirement?

Date available to work:

Please list any commitments to another employer that might affect your employment with us.

Skills

Computer Competency in:

Business Machine(s) Familiarity:

Other:

Education

School	Name/Address	Degree & Area
High School		
College		
Graduate School		
Other		

Military Experience

Were you in the U.S. Armed Forces: Yes No
If yes, what branch?

Dates of duty: From To

Rank at separation:

General Information

Are you legally authorized to work in the United States: Yes No

Are you age 18 or older? Yes No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No

Please describe any accommodations required:

Have you ever been convicted of a criminal offense? Yes No

If yes, please specify date: Place:

Nature:

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment).

Have you previously worked for SCC? Yes No

If yes, when:

Individuals will be required to undergo a background check and clearance from DPS prior to offer of employment.

Work Experience

Please list all work experience, including volunteer work.

Place of employment	Your position	Date Started	Date Left	Reason for leaving
Supervisor	Supervisor's Phone Number	Supervisor's Email		
Description of your duties:				

Place of employment	Your position	Date Started	Date Left	Reason for leaving
Supervisor	Supervisor's Phone Number	Supervisor's Email		
Description of your duties:				

Place of employment	Your position	Date Started	Date Left	Reason for leaving
Supervisor	Supervisor's Phone Number	Supervisor's Email		
Description of your duties:				

Place of employment	Your position	Date Started	Date Left	Reason for leaving
Supervisor	Supervisor's Phone Number	Supervisor's Email		
Description of your duties:				

References (Not Employers Or Relatives)

Name	Business	Phone No	Email

Can we contact these people, as well as employers? Yes No

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Telephone No: _____

Address: _____

Please attach your resume and a sample of your writing.

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability).

Signature:

Date:

By signing this application, you certify that all the information is correct.

The Saipan Chamber of Commerce is an equal opportunity employer.