



# Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands  
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



CHCC/HR-02

## APPLICATION TRANSFER REQUEST

Name: \_\_\_\_\_

Application No. \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

Tel. \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

The applicant above has submitted an Application for Employment, CHCC/HR-01 at the Human Resources Department, Commonwealth Healthcare Corporation which will be on file for one (1) year. Such applicant is seeking to apply for another Examination Announcement(s) as indicated below.

Please transfer such Application for Employment to the Examination Announcement(s) below:

	<u>Position Title</u>	<u>Announcement No.</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date