

**Commonwealth of the Northern Mariana Islands
Department of Labor**

FOREIGN NATIONAL WORKER ENTRY AFFIDAVIT

NAME: LAST: _____

FIRST: _____

MIDDLE: _____

AFE (LIIDS) NUMBER: _____

HOME COUNTRY ADDRESS _____

CITIZENSHIP: _____ PASSPORT NO. _____ PASSPORT EXPIRATION DATE _____

GENDER: _____ MARITAL STATUS _____ BIRTH DATE _____ AGE _____

PERSON TO NOTIFY IN CASE OF EMERGENCY _____

ADDRESS OF PERSON TO NOTIFY _____

TEL. NO. OF PERSON TO NOTIFY _____

DEPENDENTS (List name, age, and relationship; use additional sheets if necessary):

EMPLOYER: I understand that I have entered an employment contract for a period of _____ months with the following employer for work in the Commonwealth of the Northern Mariana Islands:

Name of Employer: _____

Address of Employer: _____

Telephone Number of Employer: _____

I understand that I must contact this employer immediately upon my arrival in the Commonwealth, and that if I cannot locate this employer within 48 hours after arrival, I must report to the Department of Labor, Afetna Square Building, Second Floor, Enforcement Section. I understand that if I cannot locate this employer, the Department of Labor will assist me to locate work, and I understand that if I fail to report that I cannot locate my employer, I may be deported.

JOB DESCRIPTION: I understand that my employment contract provides for this kind of job:

Job title: _____ O-NET NUMBER _____

I understand that during the time my employment contract is in effect, I am not permitted to work for this employer under any other job title or description and that my job duties may not be changed by my employer. If

anyone asks me to do work or perform duties other than what is in my employment contract, I must report to the Department of Labor immediately. I understand that my duties may include training workers who are U.S. citizens or permanent residents for the job that I hold.

QUALIFICATIONS: I am declaring the following qualifications to work in the Commonwealth. I have listed all of my qualifications for any kind of work in the Commonwealth. [PLEASE BE COMPLETE: No other qualifications will be considered once you are in the Commonwealth other than those earned in the Commonwealth.]

EDUCATION: Highest grade completed

Elementary High School College Other

I have attached a copy of the certificate, diploma, or official college transcript for any education that is a part of my qualifications to work in the Commonwealth. I affirm that this is a true copy and has not been altered in any way.

EMPLOYMENT: List below your **ALL** of your employment experience that you want to be considered for your eligibility for jobs in the Commonwealth (attach additional sheets if necessary).

Employer	Type of business	Job title	Dates of employment
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have attached a notarized certification of employment on the company's original letterhead or stationery for each job I have listed above. I affirm that this is a true copy and has not been altered in any way.

JOB-RELATED SKILLS: List below your job-related skills (attach additional sheets if necessary)

POLICE RECORD: I declare that I have have not been convicted of a crime. I have attached the original off a police clearance issued by my home country's government issued within the past 60 days.

HEALTH CERTIFICATE: I declare that I have have not had a communicable disease in the past month. I have attached the original of a medical certificate of good health and absence of disease issued by a physician who examined me personally and is licensed to practice medicine in my country of origin and dated as of the date of the examination not more than 30 days prior to my entry to the Commonwealth. I understand that I am required by Commonwealth law to have a health examination within 10 days after arrival in the Commonwealth.

RECRUITING FEES: I declare that I have have not paid recruiting fees in my home country. I paid a total of _____ (insert amount) in recruiting fees. I understand that under most circumstances I cannot make a claim for reimbursement of these recruiting fees in the Commonwealth. Such a claim can be recovered only in my home country. I understand that payment of a recruiting fee cannot guarantee employment beyond the one-year contract I have signed with an employer.

PRIOR ENTRY TO THE COMMONWEALTH: I declare that I have have not been granted, on a previous occasion, a permit to enter the Commonwealth in order to work. My LIIDS number was _____.

DECLARATIONS: I declare, under penalty of perjury, the following:

1. All of the statements I have made in this affidavit are true. I have not made any false or misleading statements.
2. The statements as to my education, prior employment history, job-related skills, and dependents are complete, and I have not left out anything that is relevant to my employment in the Commonwealth.
3. All of the documents I have submitted with this affidavit are true originals or copies actually issued by the person or organization that appears on the document. None of the documents are fake or false in any way.
4. I understand that a willful misstatement or omission of a material fact in this affidavit is grounds for denial or revocation of my entry permit, grounds for imposition of a fine, and grounds for deportation. I will have a right to appeal any adverse determination in this regard.
5. I understand that it is my responsibility to have this document translated to the extent necessary for me to understand completely what is set out in this document.

Date

Signature

Subscribed and sworn to before me by _____

on this ____ day of the year _____ at this city and county _____

Notary Public

If this affidavit is notarized by a notary outside the United States, it must be re-notarized upon arrival by a notary licensed in the United States.

Subscribed and sworn to before me by _____

on this ____ day of the year ____ at this city and county _____

Notary Public Licensed in the United States