



# SAIPAN HIGHER EDUCATION FINANCIAL ASSISTANCE

Office of the Mayor  
Municipality of Saipan

## EMPLOYMENT VERIFICATION FORM

SHEF A Applicant Name: \_\_\_\_\_

| Part 1. Applicant Data              |                                 |
|-------------------------------------|---------------------------------|
| Social Security Number: ___-___-___ | Phone Number (s):               |
| Current Mailing Address:            | Permanent CNMI Mailing Address: |
| Email Address:                      | Village:                        |

| Part 2. Employment Data - To be completed by supervisor or personnel officer. |           |                   |
|---|-----------|-------------------|
| Name:   |           |                   |
| Position Title:   |           |                   |
| Name of Company/Agency/Organization:  |           |                   |
| Address:  |           | Phone Number (s): |
| Start Date:   | End Date: | Annual Salary:    |
| Name of Supervisor/Personnel Officer:   |           |                   |
| Contact Number of Supervisory/Personnel Officer:                              |           |                   |

**( ) Certification:** I certify that all information and documents provided is true and complete to the best of my knowledge. I agree to provide proof of information stated on this form. I understand that if I fail to provide documents of falsify any information provided my appeal will be denied.

Signature of Graduate: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Supervisor/Personnel Officer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_