

# Jose P. Cruz

P.O. Box 154  
Tinian, MP 96952

Tel: (670) 433-0214

Fax: (670) 433-0091

## FACSIMILE COMMUNICATION

TO: Mr. Herman T. Guerrero

DATE: June 6, 1996

FAX NUMBER: 664-2390

FROM: Joe Cruz 

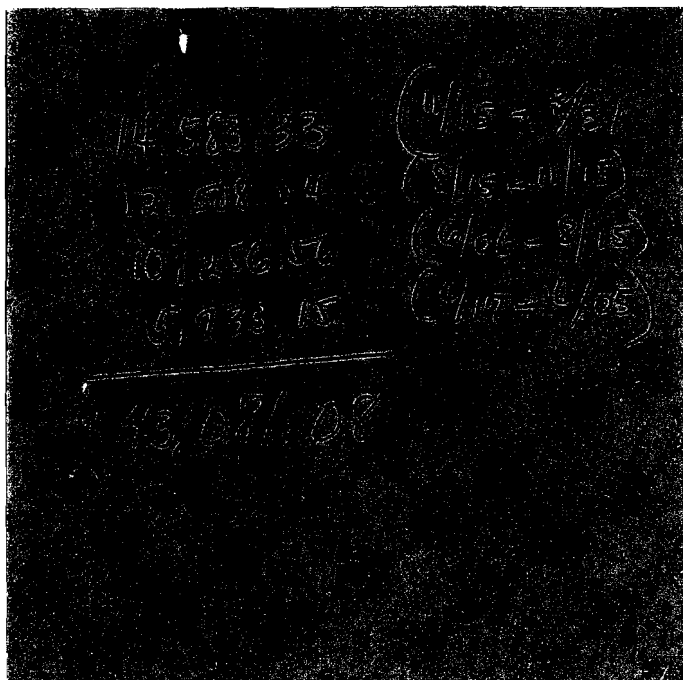
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Per our conversation, attached is an employment verification form from Bank of Saipan which I would appreciate you completing and return to me by fax at the above number.

As you know, obtaining this loan is very important to resolving the current medical emergency facing my family. However, the bank is not inclined to grant the loan without my having current employment. In that regard, is there anything you can share with me about possible employment in the Governor's office as I discussed in March with Governor Tenorio? It would be very helpful if I could get something to submit to the bank regarding future employment.

Lastly, boss, I am in dire need of my final payment from the Con Con. Would you be so kind as to see about getting it released to me? If approved, the bank loan will pay the expenses of my wife's surgery and treatment but I also desperately need my paycheck now for current living expenses.

Thank you for any assistance you might provide in helping me recover from the current financial crisis I find myself in. This has been a rough three months for me and my family and I am anxious to put it behind me. I appreciate your support.





**BANK OF SAIPAN**  
CHALAN KANOA OFFICE

P.O. Box 690  
Saipan, MP 96950  
U.S.A.  
(670) 235-4241-5  
Fax (670) 235-1801  
Telex 682-BANKSPN

TO: (name & address of employer)  
HERMAN T. GUERRERO - PRESIDENT  
THIRD NMI CONSTITUTIONAL CONVENTION  
SAIPAN, MP 96950

JUN 0 8 1988

Date: \_\_\_\_\_

**RE: "REQUEST FOR EMPLOYMENT INFORMATION"**

Dear Employer:

I have applied for credit with Bank of Saipan and stated that I am employed by you. My signature authorizes verification of the information requested below.

Regards,

(name and address of applicant)

JOSE P. CRUZ  
P.O. BOX 154  
TINIAN, MP 96952  
Social Security # 586-10-8160

  
\_\_\_\_\_  
(Signature of Applicant)

1. Is applicant currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Total time employed. \_\_\_\_\_ Yrs \_\_\_\_\_ Mo
3. Employment contract expiration date (if it applies to this applicant) \_\_\_\_\_
4. Position or job title. \_\_\_\_\_
5. Gross monthly income. (if commissions are involved, explain method of computation and % of the gross income they represent) \$ \_\_\_\_\_
6. Total deductions, including credit union payments. \$ \_\_\_\_\_
7. Work satisfactory? If yes, and presently employed by you, are prospect of employment permanent? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Yes \_\_\_\_\_ No
8. Any other information which can assist us in passing credit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of employer representative Title Date