



Government of the
United States Virgin Islands

Employment Application

An Equal Opportunity Employer



Return ALL applications and support documents to:

GERs Bldg., 3rd Floor ☼ 48B-50C Kronprindsens Gade ☼ St. Thomas, U.S.V.I. 00802 ☼ (340) 774-8588 ☼ Fax (340) 714-5040
Orange Grove Shopping Center ☼ Bays #6,7, & 8 ☼ Christiansted, St. Croix, U.S.V.I 00820 (340) 773-0341 ☼ Fax (340) 773-5669

GENERAL INSTRUCTIONS

- Type or print clearly in ink this application in its entirety.
- Specify the position for which you are applying.
Applications will be processed **ONLY** for vacant positions.
- Your application and accompanying (**birth certificate, social security card, educational documents, proof of citizenship, training certificates, resume, photo ID, DD 214**) materials are confidential and become the property of the Division of Personnel for the Government of the Virgin Islands.
- Applications that are received **unsigned** will not be processed and all information you submit is subject to verification.
- Applications are valid for **one (1) year** from date of receipt and must be upgraded on a yearly basis.
- Resumes **will not** be accepted in lieu of completing application

POSITION (S) APPLIED FOR:

- 1 _____
- 2 _____
- 3 _____

☐ St. Thomas ☐ St. Croix ☐ St. John

HOW DO WE CONTACT YOU:

First Name M.I. Last Name

Social Security Number

Mailing Address

Physical Address

City State Zip Code

Home Phone Business Phone Cellular Phone

E-Mail Address

EDUCATION

High School, College, University or Professional School: (An Official Transcript may be required)

Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned		Course of Study	Type of Degree
		From	To	Qtr	Sem.		

JOB RELATED TRAINING AND COURSE WORK

Vocational, Trade, Government, Business, Armed Forces, etc.

Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned		Course of Study	Training Completed?	
		From	To	Class	Clock		YES	NO

LICENSURE, REGISTRATION, CERTIFICATION (Examples: RN, LPN, PE, CPA, etc.)

License, Registration or Certification	Number	Date Received	Expiration Date

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related or volunteer work, if applicable. Indicate the number of employees supervised. Use a separate block to describe each position or gap in employment. **ALL** information in this section must be completed. Résumés may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: _____ No. Of Employees Supervised _____
Month Day Year Month Day Year

Duties and Responsibilities: _____

Reason for Leaving: _____

2 Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: _____ No. Of Employees Supervised _____
Month Day Year Month Day Year

Duties and Responsibilities: _____

Reason for Leaving: _____

3 Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: _____ No. Of Employees Supervised _____
Month Day Year Month Day Year

Duties and Responsibilities: _____

Reason for Leaving: _____

4 Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: _____ No. Of Employees Supervised _____
Month Day Year Month Day Year

Duties and Responsibilities: _____

Reason for Leaving: _____

5 Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: _____ No. Of Employees Supervised _____
Month Day Year Month Day Year

Duties and Responsibilities: _____

Reason for Leaving: _____

6 Previous Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: ____/____/____ To: ____/____/____ Hours Per Week: _____ No. Of Employees Supervised _____
Month Day Year Month Day Year

Duties and Responsibilities: _____

Reason for Leaving: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

KNOWLEDGE / SKILLS / ABILITIES (KSAs)**List KSAs you possess and believe relevant to the position you seek, such as computer skills, fluency in language(s), etc**

BACKGROUND INFORMATION

1. Are you a U.S. Citizen or are you Legally Authorized to Work in the U.S.? ☐ YES ☐ NO
2. To your knowledge, do you have any relatives working in this agency? ☐ YES ☐ NO
3. Were you ever convicted of a sexually violent offense or sexual criminal offense against a minor? ☐ YES ☐ NO

If, you answered “YES,” in accordance with **Act # 6182**, in order to attain employment, you must register with the Virgin Islands Department of Justice and give evidence of such registration.

4. Were you ever discharged or rejected during probation, or have you resigned under threat of discharge from any employment? ☐ YES ☐ NO

If your answer is yes, please explain: _____

5. Have you ever been convicted of a felony or a first-degree misdemeanor? ☐ YES ☐ NO

If your answer is “yes”, what charge? _____

Where convicted? _____ Date of Conviction: _____

6. Have you ever pled no contest or pled guilty to a crime, which is a felony or a first-degree misdemeanor? ☐ YES ☐ NO

If your answer is “yes”, what charge? _____

Where _____ Date: _____

VETERAN PREFERENCE INFORMATION

1. Do you claim veteran’s preference, if eligible? ☐ YES ☐ NO
Check one: ☐ Veteran ☐ Widow or Widower of a Veteran ☐ Spouse of a 100% disabled veteran
2. Did you serve in active duty for the U. S. Military? ☐ YES ☐ NO
3. What was your discharge? ☐ Honorable or General ☐ Dishonorable ☐ Not Applicable
4. Do you have a service connected disability (rated 10% or more by V.A.)? ☐ YES ☐ NO

(OPTIONAL) EEO SURVEY

Date of Birth: _____

GENDER: ☐ MALE ☐ FEMALE

RACE: (Check One):

☐ BLACK ☐ HISPANIC ☐ ASIAN or PACIFIC ISLANDER ☐ NATIVE AMERICAN ☐ WHITE

☐ OTHER (SPECIFY) _____

CERTIFICATION

I am aware that any **omission, falsification, misstatement, or misrepresentations** above may disqualify me for employment consideration and if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the Virgin Islands government for employment purposes. I understand and accept the fact that my consent shall remain effective during the tenure of my employment should I be hired. I understand that applications submitted for Government employment are public records. I certify that to be the best of my knowledge and belief all of the statements contained herein and on any attachment are **true, correct, complete, and made in good faith**.

SIGNATURE: _____

DATE: _____