

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military services (include rank) and job related or volunteer work, if applicable. Indicate the number of employees supervised. ALL information in this section must be completed. Resumes must be attached

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: _____

May we contact your previous supervisor for a reference: Yes No Starting Salary \$ _____ Ending Salary \$ _____

Reason for Leaving: _____

② 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: _____

May we contact your previous supervisor for a reference: Yes No Starting Salary \$ _____ Ending Salary \$ _____

Reason for Leaving: _____

③ 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: _____

May we contact your previous supervisor for a reference: Yes No Starting Salary \$ _____ Ending Salary \$ _____

Reason for Leaving: _____

4 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: _____

May we contact your previous supervisor for a reference: Yes No Starting Salary \$ _____ Ending Salary \$ _____

Reason for Leaving: _____

5 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: _____

May we contact your previous supervisor for a reference: Yes No Starting Salary \$ _____ Ending Salary \$ _____

Reason for Leaving: _____

6 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: _____

May we contact your previous supervisor for a reference: Yes No Starting Salary \$ _____ Ending Salary \$ _____

Reason for Leaving: _____

Knowledge / Skill / Abilities

List the abilities you possess and believe relevant to the position you seek, such as computer skills, bilingual, etc.

Background Information

1. Are you a U.S. Citizen? YES NO
2. Are you legally authorized to work in the U.S.? YES NO
3. Were you ever convicted of a 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.
(Please explain in a separate document)
4. Were you ever discharged or rejected during your probationary period, 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 or a felony of first-degree misdemeanor? YES NO
 - If the answer is "YES", what was the charge _____
 - Where were you convicted _____
 - Date convicted _____
6. Have you ever pled no contest or pled guilty to a crime, which is a felony or a first -degree misdemeanor? YES NO
 - It the answer is "YES", what charge _____
 - Where were you convicted _____
 - Date convicted _____

Veterans Preference Information

1. Do you claim veteran's preference, if eligible? YES NO
 Check one: Veteran Widow of Widower of a Veteran Spouse of a disabled veteran
2. Did you serve in active duty for the U.S. Military YES NO
3. What was your discharge? Honorable General Other than Honorable Bad conduct Dishonorable
4. Do you have a service connected disability (rated 10% or more by V.A)? YES NO

(Optional) EEO Survey

- Gender: Male Female
- Ethnicity: (Check one): African American Caucasian Hispanic Asian Other

Disclaimer and Signature

I am aware that any **omission, falsification, misstatement, or misrepresentation** 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 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, 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 certify to the best of my knowledge and belief all of the statements contained herein and on any attachment are **true, correct, and made in good faith.**

Signature _____ Date _____