

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: _____

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: _____