



**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  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**

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:**

## Instructions

Please read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

### When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

### Filling Out the Form I-9

**Section 1, Employee:** This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer:** For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

**Section 3, Updating and Reverification:** Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
  1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
  2. Record the document title, document number and expiration date (if any) in Block C, and
  3. Complete the signature block.

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### **What Is the Filing Fee?**

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### **USCIS Forms and Information**

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

### **Photocopying and Retaining the Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

### **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

### **Paperwork Reduction Act**

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

**Form I-9, Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last _____	First _____	Middle Initial _____	Maiden Name _____
Address (Street Name and Number) _____		Apt. # _____	Date of Birth (month/day/year) _____
City _____	State _____	Zip Code _____	Social Security # _____
<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
		Employee's Signature _____	
			Date (month/day/year) _____

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable) _____	B. Date of Rehire (month/day/year) (if applicable) _____	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.</b>		
Signature of Employer or Authorized Representative _____		Date (month/day/year) _____

## LISTS OF ACCEPTABLE DOCUMENTS

<b>LIST A</b> <b>Documents that Establish Both</b> <b>Identity and Employment</b> <b>Eligibility</b>	<b>LIST B</b> <b>Documents that Establish</b> <b>Identity</b>	<b>LIST C</b> <b>Documents that Establish</b> <b>Employment Eligibility</b>
<b>OR</b>		<b>AND</b>
<b>1.</b> U.S. Passport (unexpired or expired)	<b>1.</b> Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	<b>1.</b> U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
<b>2.</b> Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	<b>2.</b> ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	<b>2.</b> Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
<b>3.</b> An unexpired foreign passport with a temporary I-551 stamp	<b>3.</b> School ID card with a photograph	<b>3.</b> Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
<b>4.</b> An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	<b>4.</b> Voter's registration card	<b>4.</b> Native American tribal document
<b>5.</b> An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	<b>5.</b> U.S. Military card or draft record	<b>5.</b> U.S. Citizen ID Card <i>(Form I-197)</i>
	<b>6.</b> Military dependent's ID card	<b>6.</b> ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	<b>7.</b> U.S. Coast Guard Merchant Mariner Card	
	<b>8.</b> Native American tribal document	<b>7.</b> Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
<b>9.</b> Driver's license issued by a Canadian government authority		
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	<b>10.</b> School record or report card	
	<b>11.</b> Clinic, doctor or hospital record	
	<b>12.</b> Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**