

VIRGIN ISLANDS HOUSING AUTHORITY



P. O. BOX 7668 ST. THOMAS, VI 00801-7668 (340) 777-8442 FAX: (340) 775-0832	P. O. BOX 1349 KINGSHILL, VI 00851-1349 (340) 778-8442 FAX: (340) 773-3054
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EMPLOYMENT APPLICATION

Federal and territorial laws prohibit discrimination in employment practice on account of race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, handicap or disability.

(PLEASE PRINT)

Last Name	First Name	Middle Initial
Mailing Address		Street Address
Telephone Number(s)		Social Security Number
Position(s)		Date
How Did You Learn About The Position? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other		

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No
 Have you ever filed an application with the Authority before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment.
 On what date would you be available to work?

Are you available to work Full Time Part Time Temporary

Can you travel if your job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.
 If Yes, please explain _____

EDUCATION

School Name and Location	Elementary School	High School	Undergraduate College/University	Graduate/Professional
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any FOREIGN language(s) you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

REFERENCES

Give name, address and telephone number of three (3) references who are NOT related to you and are not previous employers.
1.
2.
3.

Have you ever had any job-related training in the United States Military? Yes No
 If Yes, please describe

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, disability or other protected status.

Employer		Dates Employed		Principal Duties
		From	To	
Address				
Telephone Number(s)		Hourly/Annual Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Principal Duties
		From	To	
Address				
Telephone Number(s)		Hourly/Annual Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Principal Duties
		From	To	
Address				
Telephone Number(s)		Hourly/Annual Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Principal Duties
		From	To	
Address				
Telephone Number(s)		Hourly/Annual Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

Special Skills and/or Affiliations

Summarize special skills and/or affiliations acquired from previous employment or experience.

APPLICANT'S CERTIFICATION

I hereby certify that the responses given in this application are true and correct to the best of my knowledge and recollection. These responses may be investigated as necessary to determine eligibility or qualifications for employment.

I understand that applications are active twelve (12) months and applicants should update applications at least twelve (12) months or sooner if there are any changes.

I understand that deliberate misrepresentation of information in connection with this application or at any other time during the selection or employment process may be grounds for dismissal.

Signature of Applicant _____ Date _____