

## Application for Employment TEMPORARY EMPLOYMENT ONLY

Office of Human Resources #2 John Brewer's Bay, St. Thomas, US Virgin Islands 00802 http://hrweb.uvi.edu or (340) 693-1410

This application is part of the examination process. You must show that you meet all the education and/or training and experience requirements for the position. Required documentation [Certificates, degrees, diplomas, and/or licenses] as stated on the job announcement must be submitted to the University of the Virgin Islands – Office of Human Resources. If you do not submit these items, your application may not receive further consideration.

| Position applied for   |                         |                         |                 |              |                 |
|--|-------------------------|-------------------------|-----------------|--------------|-----------------|
|  | nnouncement)            |                         | (Job            | Code Number) |                 |
| Date Available for Work:   |                         | Minimum accept          | able Salary: _  |              |                 |
| How did you learn about this pos                                 | ition? [] Newspaper [   | ] Internet [ ] Friend/E | mployee [       | ] Other      | <u> </u>        |
| Contact Information  |                         |                         |                 | 4)           |                 |
| Name   |                         |                         |                 |              |                 |
| Last   | First                   | M.I.                    | Social So       | ecurity No.  | & Date of Birth |
| Address  | Mailing                 |                         | A) Y            |              |                 |
|  | Mailing                 | City or Town            |                 |              | Zip Code        |
| Home Phone No  | Work Phone N            | No.                     | Cell Phone      | No           |                 |
| E-mail Address:  |                         |                         |                 |              |                 |
|  |                         | Eme                     | ergency Contac  | ct/Relations | ship & Phone#   |
| General Information  |                         | 1                       |                 |              | •               |
| Have you ever filed an applicat                                  | ion with UVI? [ ] Yes   | [] No If yes,           | when?           |              |                 |
| Have you ever been employed Please state reason for leaving      | oy UVI? [ ] Yes         | [] No If yes, v         | when?           |              |                 |
| Do you have relatives currently If yes, state name and departmen |                         |                         | [ ] Yes [       | ] No         |                 |
| Are you a retiree of the Govern                                  | ment Employee Retiremen | at System (GERS) of the | Virgin Island   | s? []Yes     | [ ] No          |
| Education and Training Please submit education docum             | ) ′                     |                         |                 |              |                 |
| Do you have a high school dipl                                   |                         |                         | hat is the high | est grade? _ |                 |
| Name/Location of School(s)                                       | College and Graduat     | e School Education      | # of Credits    | Type of      | Degree Earned   |
| Name/Location of School(s)                                       |                         |                         | completed       | Degree       | (Yes or No)     |
|  |                         |                         |                 |              |                 |
|  |                         |                         |                 |              |                 |
|  |                         |                         |                 |              |                 |
|  |                         |                         |                 |              |                 |

| Name:  |   | Job Code Number:  |  |  |
|--|---|---|--|--|
| Are you 18 years or older: [ ]   | Yes [] No   | If no, please provi   | ide proof of eligibility to work.  |  |
| Are you legally eligible for emplo<br>(Note: Proof of citiz  | oyment in the USVI?<br>zenship or immigration s   |   | ipon employment)   |  |
| Please list and attach copies of an  | y/all licenses required to  | for this position.  |  |  |
| Title & State  | Numbe   | r   | Expiration Date (mm/dd/yyyy)   |  |
|  |   |   |  |  |
|  |   |   |  |  |
| Have you ever been convicted of  | any violation of law otl  | her than a minor traffi   | c violation? [ ] Yes [ ] No  |  |
| conviction does not refer to any of misdemeanor conviction for which marijuana that is over two years of   | conviction of a juvenile<br>th probation has successold.  | offense for which the   | er to employment except where required by law. As record has been judicially sealed or expunged; any and the case dismissed; or any conviction involving   |  |
| If yes, explain and give date(s) of c  | conviction(s):  | ^ <   |  |  |
|  |   |   |  |  |
|  |   | 4   |  |  |
|  |   |   |  |  |
| Have you ever been convicted of  | any sex offense or any  | controlled substance of   | offense? []Yes []No  |  |
| If yes, explain and give date(s) of c  | conviction(s):  | 7   |  |  |
|  | O Y   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   | The state of the s |  |
| and <b>COMPLETE</b> . I therefore at the results of its investigation wi   | nthorize UVI to investig<br>th those responsible fo   | gate all statements mad<br>or hiring. I further au  | elated attachments, including my resume are <b>TRUE</b> de on this application for employment and to discuss thorize UVI to contact my former employer(s) and for former employer(s) and other contacted persons   |  |
| to respond to questions pertaining<br>release from liability such former<br>should an investigation at any time<br>application will be disapproved a | ng to information on the<br>employer(s) or other particles and misrepart<br>and my name removed for | is application, or relations contacted by a resentation or falsification any further consistence. | ted to the job for which I am applying. Further, I and providing information to UVI. I understand that ition of information contained in this document, my deration for employment. I also understand that if formation may lead to disciplinary action up to and  |  |
| Date:  |   | Signature:  |  |  |
| · - ·  |   | -0  |  |  |

| Name:                                    |                         | Job Code Number:                 |                                  |  |
|--|-------------------------|----------------------------------|----------------------------------|--|
| Work Experience (Please provide your     | most recent five years) |                                  |                                  |  |
| Position Title                           | En                      | nployer (Company or Orga         | nization)                        |  |
| Name, Title & Telephone No. of Immedi    | iate Supervisor Ad      | dress of Employer                | Type of Business                 |  |
| Date of Employment (mm/dd/yyyy)          | Last Salary \$          | No. of hours<br>worked per week  | No. of employees you supervised: |  |
| Reason for Leaving:                      |                         |                                  |                                  |  |
| Describe your major duties and responsib | bilities:               |                                  |                                  |  |
|  |                         |                                  | (1)                              |  |
|  |                         |                                  |                                  |  |
|  |                         |                                  |                                  |  |
| Position Title                           | Em                      | ployer (Company or Organ         | nization)                        |  |
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| Date of Employment (mm/dd/yyyy)          | Last Salary \$          | No. of hours<br>worked per weeks | No. of employees you supervised: |  |
| Reason for Leaving:                      |                         |                                  |                                  |  |
| Describe your major duties and responsib | bilities:               |                                  |                                  |  |
|  | O                       |                                  |                                  |  |
| A  |                         |                                  |                                  |  |
| Position Title                           | Em                      | nployer (Company or Orga         | nization)                        |  |
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| Date of Employment (mm/dd/yyy)           | Last Salary \$          | No. of hours<br>worked per week: | No. of employees you supervised: |  |
| Reason for Leaving:                      |                         |                                  | 1                                |  |
| Describe your major duties and responsib | bilities:               |                                  |                                  |  |
|  |                         |                                  |                                  |  |
|  |                         |                                  |                                  |  |

| Position Title                             | Employ               | er (Company or Organiz        | ration)                          |                 |
|--|----------------------|-------------------------------|----------------------------------|-----------------|
| Name, Title & Telephone No. of Immediat    | e Supervisor Address | s of Employer                 | Type of Business                 |                 |
| Date of Employment (mm/dd/yyyy)            | Last Salary \$       | No. of hours worked per week: | No. of employees you supervised: |                 |
| Reason for Leaving:                        |                      |                               |                                  |                 |
| Describe your major duties and responsibil | ities:               |                               |                                  |                 |
|  |                      |                               | 1/1/                             |                 |
|  |                      |                               |                                  |                 |
|  |                      |                               | 0                                |                 |
| Position Title                             | Employ               | er (Company or Organiz        | ration)                          |                 |
| osition Title                              | Employ               |                               | ,                                |                 |
| Name, Title & Telephone No. of Immediat    | e Supervisor Address | s of Employer Type of         | Business                         |                 |
| Date of Employment (mm/dd/yyyy)            | Last Salary \$       | No. of hours                  | No. of employees you             |                 |
|  |                      | worked per week:              | supervised:                      |                 |
| Reason for Leaving:                        |                      |                               |                                  |                 |
| Describe your major duties and responsibil | ities:               |                               |                                  |                 |
|  |                      |                               |                                  |                 |
|  |                      |                               |                                  |                 |
|  |                      |                               |                                  |                 |
| rofessional References                     |                      |                               |                                  |                 |
|  |                      | Company & Address             | Telephone                        | No. of<br>Years |
|  |                      | Company & Address             | Telephone                        | Years           |
| rofessional References Name & Title        |                      | Company & Address             | Telephone                        | Years           |

Job Code Number:

Name:

## AFFIRMATIVE ACTION INFORMATION

It is the policy of the University of the Virgin Islands to encourage and support equal employment opportunity for all employees and applicants for employment without regard to race, color, ancestry, sex, religious creed, national origin, physical disability, mental disability, medical condition, age, marital status, political affiliation, sexual orientation, or disabled veteran or Vietnam-era veteran status. Employment decisions will be evaluated on the basis of an individual's skills, knowledge, abilities, job performance and other legitimate qualifications.

Answering the following questions will help us meet our recording requirements for the Equal Employment Opportunity commission and our Affirmative Action Program. This information will be kept confidential and separate from your application form.

Whether or not you answer these questions have no bearing on your present or future employment with the University of the Virgin Islands.

[ ] African-American

|                                    | [ ] American    | indian   |
|------------------------------------|-----------------|--|
|                                    | [ ] Asian/Paci  | ific Islander  |
|                                    | [ ] Hispanic    | 40,  |
|                                    | [ ] White       |  |
|                                    | [ ] Other       |  |
| Gender:                            | [ ] Male        | [ ] Female   |
| Are you disabled?                  | [ ] Yes         | [ ] No   |
| Are you a Vietnam-era veteran?*    | [ ] Yes         | [ ] No   |
| Are you a disabled veteran?**      | [ ] Yes         | [ ] No   |
| Are you an "other veteran"?***     | []Yes           | [ ] No   |
| * A Vietnam-era veteran is defined | as a person who | served on active duty for more than 180 days, any part of which oc |

- \* A Vietnam-era veteran is defined as a person who served on active duty for more than 180 days, any part of which occurred during the period August 5, 1964 to May 7, 1975.
- \*\* A disabled veteran is defined as a person who is entitled to compensation under the laws administered by the Veterans Administration for Disability, or whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- \*\*\*An "other veteran" is defined as a person who served on active duty during a war or in a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been authorized. "War" includes veterans with active duty service between December 7, 1941 and April 28, 1952, officially designated a World War II. Active duty veterans of Korea, Vietnam, Desert Shield/Storm and other campaigns or expeditions are included because those actions were designated with a campaign badge or medal.

Thank you for your help. Please enclose this form with your application.

Ethnic Group: