



University of the Virgin Islands

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 _____
(Use title from Job Announcement) (Job Code Number)

Date Available for Work: _____ Minimum acceptable Salary: _____

How did you learn about this position? Newspaper Internet Friend/Employee Other _____

Contact Information

Name _____
Last First M.I. Social Security No. & Date of Birth

Address _____
Mailing City or Town Zip Code

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

E-mail Address: _____
Emergency Contact/Relationship & Phone#

General Information

Have you ever filed an application with UVI? Yes No If yes, when? _____

Have you ever been employed by UVI? Yes No If yes, when? _____
Please state reason for leaving _____

Do you have relatives currently employed by UVI or on the Board of Trustees? Yes No
If yes, state name and department _____

Education and Training

Please submit education documents (i.e. diploma, transcript) along with your application for employment.

Do you have a high school diploma or GED certificate? Yes No If no, what is the highest grade? _____

College and Graduate School Education

Name/Location of School(s)	# of Credits completed	Type of Degree	Degree Earned (Yes or No)

Name: _____

Job Code Number: _____

Are you 18 years or older: Yes No If no, please provide proof of eligibility to work.

Are you legally eligible for employment in the USVI? Yes No
(Note: Proof of citizenship or immigration status will be required upon employment)

Please list and attach copies of any/all licenses required for this position.

Title & State	Number	Expiration Date (mm/dd/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of any violation of law other than a minor traffic violation? Yes No

Note: The existence of a criminal record does not constitute an automatic bar to employment except where required by law. A conviction does not refer to any conviction of a juvenile offense for which the record has been judicially sealed or expunged; any misdemeanor conviction for which probation has successfully been completed and the case dismissed; or any conviction involving marijuana that is over two years old.

If yes, explain and give date(s) of conviction(s):

Have you ever been convicted of any sex offense or any controlled substance offense? Yes No

If yes, explain and give date(s) of conviction(s):

I hereby certify that every statement I have made on this application and all related attachments, including my resume are **TRUE** and **COMPLETE**. I therefore authorize UVI to investigate all statements made on this application for employment and to discuss the results of its investigation with those responsible for hiring. I further authorize UVI to contact my former employer(s) and references or other persons who can verify information; and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application, or related to the job for which I am applying. Further, I release from liability such former employer(s) or other persons contacted by and providing information to UVI. I understand that should an investigation at any time disclose any misrepresentation or falsification of information contained in this document, my application will be disapproved and my name removed from any further consideration for employment. I also understand that if I am a current employee of UVI any falsification or misrepresentation of information may lead to disciplinary action up to and including termination.

Date: _____

Signature: _____

Name: _____

Job Code Number: _____

Work Experience (Please provide your most recent five years)

Position Title		Employer (Company or Organization)	
Name, Title & Telephone No. of Immediate Supervisor		Address 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 responsibilities:			

Position Title		Employer (Company or Organization)	
Name, Title & Telephone No. of Immediate Supervisor		Address 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 responsibilities:			

Position Title		Employer (Company or Organization)	
Name, Title & Telephone No. of Immediate Supervisor		Address of Employer	Type of Business
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Reason for Leaving:			
Describe your major duties and responsibilities:			

Name: _____

Job Code Number: _____

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Reason for Leaving:			
Describe your major duties and responsibilities:			

Professional References

Name & Title	Company & Address	Telephone Number	No. of Years Known

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.

Ethnic Group: African-American
 American Indian
 Asian/Pacific Islander
 Hispanic
 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 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.