



VIRGIN ISLANDS PORT AUTHORITY

P.O BOX 301707
 St. Thomas, Virgin Islands 00803-1707
 Tel: (340) 774-1629

EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

New
 Promotional
 Transfer (within VIPA)

GENERAL INSTRUCTIONS	HOW DO WE CONTACT YOU:																																				
INSTRUCTIONS TO APPLICANTS - READ CAREFULLY <ul style="list-style-type: none"> Print or type the information. Use dark ink. Answer every question. Incomplete applications will not be processed. Applications will be processed ONLY for vacant positions. <p style="text-align: center; background-color: #0056b3; color: white; padding: 2px;">List Titles of Positions Applied For:</p> <p>1. <input style="width: 100%;" type="text"/></p> <p>2. <input style="width: 100%;" type="text"/></p> <p>3. <input style="width: 100%;" type="text"/></p> <p style="text-align: center;"> <input type="checkbox"/> St. Thomas <input type="checkbox"/> St. Croix <input type="checkbox"/> St. John </p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First Name</td> <td style="width: 33%;">M.I</td> <td style="width: 33%;">Last Name</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Mailing Address</td> </tr> <tr> <td colspan="3"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Physical Address</td> </tr> <tr> <td colspan="3"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">City</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Home Phone</td> <td>Business Phone</td> <td>Cellular Phone</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">E-Mail Address</td> </tr> <tr> <td colspan="3"><input style="width: 100%;" type="text"/></td> </tr> </table>	First Name	M.I	Last Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Mailing Address			<input style="width: 100%;" type="text"/>			Physical Address			<input style="width: 100%;" type="text"/>			City	State	Zip Code	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Home Phone	Business Phone	Cellular Phone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	E-Mail Address			<input style="width: 100%;" type="text"/>		
First Name	M.I	Last Name																																			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																			
Mailing Address																																					
<input style="width: 100%;" type="text"/>																																					
Physical Address																																					
<input style="width: 100%;" type="text"/>																																					
City	State	Zip Code																																			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																			
Home Phone	Business Phone	Cellular Phone																																			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																			
E-Mail Address																																					
<input style="width: 100%;" type="text"/>																																					

1. Are you a citizen of the United States of America? Yes No
2. If not a U.S citizen, do you have Resident Alien Status? Yes No
3. Have you ever filed an application before with this office? Yes No
4. Have you served a jail or prison sentence, been on court probation, or paid a fine of \$25 or more? Yes No
 (If yes, give date, place, reason and disposition of case on last page)
5. Are you now or have you been addicted to the use of alcohol or any habit-forming drug? Yes No
6. Have you ever been dismissed or asked to resign from a position? (If yes, explain on last page) Yes No
7. Do you object to our inquiring of your present employer about your character or qualifications? Yes No
8. Do you have a driver's license? Yes No

9. List below three persons, not employers or relatives, who have knowledge of your character and ability:

REFERENCES			
Name	Address	Telephone	Number of Years Known
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

EDUCATION

High School, College, University or Professional School: (An Official Transcript may be required)

Name of School	Location	Dates of Attendance		Credit Hours Earned		Course of Study	Type of Degree
		From	To	Qtr.	Sem.		

JOB RELATED TRAINING AND COURSE WORK

Vocational, Trade, Government, Business, Armed Forces, etc.

Name of School	Location	Dates of Attendance		Credit Hours Earned		Course of Study	Training Completed? Yes or No
		From	To	Class	Clock		
							Select...
							Select...
							Select...

LICENSURE, REGISTRATION, CERTIFICATION (Examples: RN, PE, CPA etc.)

License, Registration or Certification	Number	Date Received	Expiration Date

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes No If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Employment History

List below your work experience in detail. Start with your present or most recent job. List each promotion separately. Include any service in the armed forces. List any self-employment. Under duties and responsibilities, describe the kind of work you did and the number and type of employees you supervised, if any. For more space use the next page. Resumes 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**

Duties and Responsibilities:

2. Previous Employer:

Address: **Phone No.:**

Your Job Title: **Supervisor's Name:**

From: **To:** **Hours Per Week:** **No. Of Employees Supervised**

Duties and Responsibilities:

3. Previous Employer:

Address: **Phone No.:**

Your Job Title: **Supervisor's Name:**

From: **To:** **Hours Per Week:** **No. Of Employees Supervised**

Duties and Responsibilities:

4. Previous Employer: <input style="width: 600px; height: 20px;" type="text"/>			
Address: <input style="width: 400px; height: 20px;" type="text"/>		Phone No.: <input style="width: 150px; height: 20px;" type="text"/>	
Your Job Title: <input style="width: 300px; height: 20px;" type="text"/>		Supervisor's Name: <input style="width: 150px; height: 20px;" type="text"/>	
From: <input style="width: 100px; height: 20px;" type="text"/>	To: <input style="width: 100px; height: 20px;" type="text"/>	Hours Per Week: <input style="width: 50px; height: 20px;" type="text"/>	No. Of Employees Supervised <input style="width: 50px; height: 20px;" type="text"/>
Duties and Responsibilities:			

Explanations and Additional Information:

Use this space for any additional information or comments relative to your application. Attach additional sheets if more space is needed.

10. Certificate of Applicant: (Read carefully before submitting/signing)

I HEREBY CERTIFY that the information provided on this application and any resume and supporting documentation attached is true, correct and complete to the best of my knowledge. I authorize the Virgin Islands Port Authority (VIPA) to obtain information about me from any person(s), school(s), current employer, past employer(s), and organizations listed on this application, resume or supporting credentials to obtain relevant information that may be useful in making a hiring decision. I understand that any information provided may be investigated as allowable by law and that any false information, omission or misrepresentation may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date if I am employed by VIPA. I hereby release VIPA from any liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that this Employment Application is not a contract or a guarantee of employment and that it is valid until position is filled. My signature or e-mail submittal below acknowledges that I have read the above statement and understand it.

SIGNATURE

Date