

VIRGIN ISLANDS PORT AUTHORITY
P.O. BOX 301707
ST. THOMAS, VIRGIN ISLANDS 00803-1707

Promotional
 New

APPLICATION FOR EMPLOYMENT

<p>1.</p> <p style="text-align: center;">LIST TITLES OF POSITIONS APPLIED FOR</p> <p>(1)</p> <p>(2)</p> <p>(3)</p> <p>(4)</p>	<p>2.</p> <p>NAME (Last) (First) (Middle) (Maiden)</p> <p>SOCIAL SECURITY NUMBER</p> <p>PERMANENT ADDRESS (Street No. or R.F.D.) TELEPHONE</p> <p style="text-align: center;">(City, State and Zone)</p> <p>MAILING ADDRESS (If different from permanent) TELEPHONE</p> <p style="text-align: center;">Notify this office whenever your address changes</p>
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INSTRUCTIONS TO APPLICANTS - READ CAREFULLY

1. Print or type the information. Use dark ink. Answer every question. Incomplete applications will be returned.
 2. If a written or performance test is required you will be notified of the time and place of the examination.

3. Are you a citizen of the United States of America? Yes No
4. If not a U.S. citizen, do you have Resident Alien Status? Yes No
5. Have you ever filed an application before with this office? Yes No
6. Have you served a jail or prison sentence, been on court probation, or paid a fine of \$25 or more?
 (If yes, give date, place, reason and disposition of case on last page) Yes No
7. Are you now or have you been addicted to the use of alcohol or any habit-forming drug? Yes No
8. Have you ever been dismissed or asked to resign from a position? (If yes, explain on last page) Yes No
9. Do you object to our inquiring of you present employer about your character or qualifications? Yes No
10. Do you have a driver's license? Yes No
11. Do you wish to claim Veteran's Preference? Yes No
- Honorably discharged veterans who served during time of war are granted 5% preference. Proof of honorable discharge must be submitted with this application unless previously submitted. This will be returned to you.

12. AVAILABILITY

Preference of work location: St. Thomas () St. Croix () St. John ()

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How did you learn of the position(s) for which you are applying?

(For example: ad in paper, recruiting bulletin, employment service, a friend, etc.)

BE SURE YOU HAVE ANSWERED EVERY QUESTION - USE DARK INK

EQUAL OPPORTUNITY EMPLOYER

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

Name	Address	Occupation	Number of Years Known
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.....
.....

14. GRADE AND HIGH SCHOOL EDUCATION

School attended	Circle highest grade completed	Date last attended	Did you graduate?	Name and location of school last attended	Do not use
Elementary	1 2 3 4 5 6 7 8				
High School	9 10 11 12				

Have you passed the General Education Development Test in lieu of High School graduation: Yes No

15. COLLEGES, BUSINESS AND OTHER SCHOOLS ATTENDED

Name and location	Dates attended	Credit hours earned	Q* S	Degree and year granted	Did you graduate? Yes or No	Major or subjects taken	Do not use

*Indicate Q if quarter hours or S if semester hours.

16. APPRENTICESHIP TRAINING (Plumbing, carpentry, etc.)

What is your trade?	Did you serve a regular apprenticeship?	Of how many years?
Where:
(Name)	(Address)	(Supervisor's name)

17. Indicate specialized courses completed: If not already listed in item 15.

Typing () Shorthand () Statistics () Accounting () Bookkeeping () Other (Specify)

List office machines you know how to operate

Use this space to give additional information such as certificates held, correspondence courses, scholastic honors, membership in professional societies, etc., and for professional positions requiring a license, your state registration number.