



VIRGIN ISLANDS PORT AUTHORITY

P.O. Box 301707
 St. Thomas, VI 00803-1707
 Tel: 340-774-1629

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

New
 Promotional
 Transfer (within VIPA)

APPLICATION INSTRUCTIONS

INSTRUCTIONS TO APPLICANTS – READ CAREFULLY

- A copy of your Police Record **MUST** be submitted along with fully completed applications.
- Type or print** the requested information. Be sure to use dark ink.
- Answer every question. Incomplete applications will not be processed.
- Writing **“SEE RESUME”** will result in immediate disqualification of your application.
- Applications will **ONLY** be processed for vacant positions.

PERSONAL INFORMATION	List Title(s) of Position(s) Applied For:
<div style="display: flex; justify-content: space-between;"> First Name M.I. Last Name </div>	1.
Mailing Address (including city, state and zip code)	2.
<div style="display: flex; justify-content: space-between;"> Cell Phone and/or Home Phone Other </div>	3.
Email Address	4.
	5.
	<input type="checkbox"/> St. Thomas <input type="checkbox"/> St. Croix <input type="checkbox"/> St. John

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 VIPA? Yes No
4. Have you served a jail or prison sentence, been on court ordered probation or paid a fine of \$25 or more?
 Yes No (if yes, provide 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? Yes No (if yes, explain on last page)
7. Do you object to our inquiring of your present employer about your character or qualifications? Yes No
8. Do you have a valid Driver’s License? Yes No

REFERENCES

Name	Address	Telephone	Number of Years Known
1.			
2.			
3.			

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
			Qtr.	Sem.		
		From:				
		To:				
		From:				
		To:				
		From:				
		To:				
		From:				
		To:				

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?
			Class	Clock		
		From:				Yes <input type="checkbox"/>
		To:				No <input type="checkbox"/>
		From:				Yes <input type="checkbox"/>
		To:				No <input type="checkbox"/>
		From:				Yes <input type="checkbox"/>
		To:				No <input type="checkbox"/>
		From:				Yes <input type="checkbox"/>
		To:				No <input type="checkbox"/>

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, sexual orientation, marital status or disabilities.)

EMPLOYMENT HISTORY

List your work experience below 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 along with 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 Number:		
Job Title:			Supervisor's Name:		
Start Date:	End Date:	Hours Per Week:	No. of Employees Supervised:		
Duties and Responsibilities:					

2. Previous Employer:

Address:			Phone Number:		
Job Title:			Supervisor's Name:		
Start Date:	End Date:	Hours Per Week:	No. of Employees Supervised:		
Duties and Responsibilities:					

3. Previous Employer:

Address:			Phone Number:		
Job Title:			Supervisor's Name:		
Start Date:	End Date:	Hours Per Week:	No. of Employees Supervised:		
Duties and Responsibilities:					

4. Previous Employer:			
Address:			Phone Number:
Job Title:		Supervisor's Name:	
Start Date:	End Date:	Hours Per Week:	No. of Employees Supervised:
Duties and Responsibilities:			

EXPLANATION(S) & ADDITIONAL INFORMATION:
Use this space for any additional information and/or comments relative to your application. Attach additional sheets if more space is needed.

Certificate of Applicant: (Read carefully before signing and submitting)

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(s), 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:
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