

**GOVERNMENT OF THE VIRGIN ISLANDS
VIRGIN ISLANDS BOARD OF EDUCATION**



**EMPLOYMENT APPLICATION
(PLEASE PRINT)**

The Virgin Islands Board of Education (VIBE) provides equal employment opportunity to all individuals regardless of their race, color, creed, religion, gender, age, sexual orientation, national origin, disability, veteran status, or any other characteristic protected by law.

Last Name	First Name	Middle Initial
Mailing Address	Street Address	
Home Phone: Mobile Phone:	Email Address:	
Position desired:	Available start date:	
How Did You Learn About the Position?		

- What type of work schedule are you seeking? FULLTIME PARTTIME TEMPORARY

NOTE: Some positions require work to be done outside of normal business hours (M-F, 8:00a – 5:00p) and/or travel.

- Are you eligible to work in the U. S.? YES NO
- Are you at least age 18? YES NO
- If applying for a job that requires driving, do you have a current valid U.S. Virgin Islands Driver's License? YES NO
- Have you ever been employed by the VIBE? YES NO Date/Position: _____

EDUCATION

	Name and Location	# of Years Completed	Diploma/Degree (describe course of study)
High School			
College/University			
Specialized Training, apprenticeship, trade school, skills, etc.			
List any other information you feel may be helpful to us in considering your application			

REFERENCES

Give name, email address, and telephone number of three (3) references who are NOT related to you and are NOT previous employers.

1.
2.
3.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, disability or other protected status.

Employer	Dates Employed					
	From	To				
Address						
Telephone Number(s)	Principal Duties					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Job Title</td> <td>Supervisor</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Job Title	Supervisor				
Job Title	Supervisor					
Reason for Leaving:						
May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N						

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Job Title	Supervisor		
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Address		From	To
Telephone Number(s)		Principal Duties	
Job Title	Supervisor		
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N			

APPLICANT'S CERTIFICATION

Please read carefully and indicate that you have read and understand each paragraph of the Applicant's Statement and Release by checking beside each paragraph before signing below.

<input type="checkbox"/> I hereby certify that the responses given in this application are true and correct to the best of my knowledge and recollection. These responses may be investigated as necessary to determine eligibility or qualifications for employment.	
<input type="checkbox"/> I understand that deliberate misrepresentation of information in connection with this application or at any other time during the selection or employment process may be grounds for dismissal.	
_____ Signature of Applicant	_____ Date