



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF EDUCATION

Human Resources

Website: www.vide.vi

St. Thomas: 1834 Kongens Gade, Charlotte Amalie
St. Thomas, U.S. Virgin Islands 00802-6746
Tel: (340) 774-0100 Fax: (340) 774-2915

St. Croix: 2133 Hospital Street, Christiansted
St. Croix, U.S. Virgin Islands 00820-4665
Tel: (340) 773-1095 Fax: (340) 778-8995

Nicole Jacobs, IPMA-SCP, SHRM-SCP
Director

SUPPORT STAFF EMPLOYMENT APPLICATION

The U.S. Virgin Islands Department of Education is an equal opportunity employer

COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE THIS SUPPORT STAFF EMPLOYMENT APPLICATION:

1. HIGH SCHOOL DIPLOMA or GED CERTIFICATE
2. OFFICIAL COLLEGE TRANSCRIPT SENT DIRECTLY FROM THE INSTITUTION
3. CERTIFICATES
4. THREE (3) LETTERS OF RECOMMENDATION
5. RESUME
6. LOCAL CRIMINAL BACKGROUND CHECK (will not be accepted if six months has passed since last check)

IF YOU ARE INTERVIEWED AND SELECTED TO FILL A POSITION, THE FOLLOWING DOCUMENTS WILL BE REQUIRED FOR EMPLOYMENT:

- 1) ONE (1) OF THE FOLLOWING PHOTO IDENTIFICATIONS
DRIVER'S LICENSE
VOTER'S REGISTRATION
PASSPORT
- 2) BIRTH CERTIFICATE AND SOCIAL SECURITY CARD
- 3) PHYSICIAN'S STATEMENT OF GOOD HEALTH
- 4) PRE-EMPLOYMENT DRUG TESTS
- 5) PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES
- 6) PSYCHOLOGICAL EVALUATION

You must update your application every six (6) months to ensure that your file is kept active. Your failure to do so will result in your file being removed from our database in two (2) years.



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PERSONAL INFORMATION

Name (Last, First, Middle):

Date:

Social Security Number:

Date of Birth:

Home Address:

Mailing Address:

City:

State:

Zip:

Home Phone:

Business Phone:

Are you a U.S. Citizen? ☐ Yes ☐ No If not a U.S. Citizen, give Visa No. and Expiration Date:

Email:

Position You Are Applying For:

Salary Requirement:

Referred by:

Date You Can Start:

EDUCATION RECORD

High School (Name, City, State):

Graduation Date:

Business or Technical School (Name, City, State):

Dates Attended:

Degree Earned:

Undergraduate College (Name, City, State):

Dates Attended:

Degree, Major:

Graduate School (Name, City, State):

Dates Attended:

Degree, Subject:

(please turn to next page)

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

(please turn to next page)

INVESTIGATION CONSENT, RELEASE OF LIABILITY AND AGREEMENT FORM

I CERTIFY, that I have never been convicted of a felony, a crime of moral turpitude, an offense involving the physical molestation, physical or sexual abuse or rape of a child and that I have never been the subject of a founded case of child abuse and neglect.

Making a materially false statement regarding these offenses is a misdemeanor. Such a conviction shall be grounds for the Virgin Islands Department of Education to terminate employment. An Applicant who is unable to complete the above certification will not be considered for employment with the U.S. Virgin Islands Department of Education.

1. I authorize the U.S. Virgin Islands Department of Education to make an investigation of any personal, educational, vocational or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government to provide the U.S. Virgin Islands Department of Education with information they have regarding my performance, character, and general reputation. I discharge the U.S. Virgin Islands Department of Education and those who provide information from any liability as a result of furnishing this information.
2. I Identify that all statements and data provided are true and correct to the best of my knowledge. I agree that any falsification will constitute disqualification of my application or dismissal from employment from the U.S. Virgin Islands Department of Education.
3. I understand that any offer of employment is contingent upon an acceptable outcome of criminal records check. It is further understood that the criminal records check is conducted at my expense.
4. If employed, I understand that I shall serve successfully the prescribed **probationary period** during which time my suitability for the position will be determined.

Print Name

Signature

Date

CONTRACTS/LICENSURE AND CRIMINAL RECORD

Answer each question yes or no. You must attach a copy of the court disposition or judge's sentencing order if you answered "yes" to question 1 or 2. You must attach supporting documentation and a written explanation if you answered "yes" to any of the questions below.

Failure to complete ALL of this section will result in your application not being considered.

1. Have you been convicted of or pled *nolo contendere* to any of the following, including but not limited to: murder, sexual or physical assault, rape, child molestation, kidnapping, manslaughter, extortion, sexual misconduct, with a minor, indecent liberties, incest, unlawful imprisonment, child abuse or neglect, abduction for immoral purposes, failure to secure medical attention for an injured child, pandering, crimes against nature involving children, malicious harassment, patronizing a juvenile prostitute, child abandonment, violation of a child abuse protective order, obscenity offenses, possession or distribution of drugs, arson, use of a firearm in the commission of a felony, child buying or selling, prostitution, felony indecent exposure, larceny, embezzlement or any of these crimes as may be renamed in the future?
____ Yes ____ No
2. Have you been convicted of any felony or misdemeanor other than those listed above in question 1 or pled, *nolo contendere*, or are you now under investigation for any such offense, other than a minor traffic offence? For the purpose of this application DUID/DWIs must be reported. _Yes ____ No
3. Have you resigned or been discharged from any position, including the Armed Forces, while under suspicion of having engaged in criminal, immoral, or unprofessional conduct, or are you now under investigation for any such charge? ____ Yes ____ No
4. Have you ever surrendered a work certification/credential/license/permit, or had one denied, revoked or suspended or is any investigation or adverse action now pending against you?
____ Yes ____ No
5. Have you ever had any disciplinary action taken against you by a previous employer, including written reprimand, suspension, demotion, non-renewal, termination or any other form of disciplinary action? ____ Yes ____ No

Print Name

Signature

Date

BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

Name:

Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		

Name:

Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		

Name:

Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		

PLEASE READ AND SIGN

THE U.S. VIRGIN ISLANDS DEPARTMENT OF EDUCATION ADHERES TO THE POLICY THAT “NO PERSONS SHALL BE DISCRIMINATED AGAINST IN EMPLOYMENT OR IN ANY EDUCATIONAL PROGRAM OR ACTIVITY OFFERED BY THE VIRGIN ISLANDS DEPARTMENT OF EDUCATION ON ACCOUNT OF RACE, COLOR, CREED, NATIONAL ORIGIN, SEX, HANDICAP OR AGE”.

AFFIRMATION – I hereby affirm that the information given by me in this application for employment with the U.S. Virgin Islands Department of Education is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission will be sufficient cause for disqualification or discharge if employed.

Signature:	Date:

Disclaimer: Due to a high volume of applicants, the Department will notify only those who are selected for the next step in the recruitment process.