



VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

APPLICATION FOR EMPLOYMENT

The Virgin Islands Housing Finance Authority (VIHFA) is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, disability, age, genetics, disability or veteran status. Employment is contingent upon the applicant providing proof of citizenship or legal authorization to work in the United States. Proof of citizenship is required upon employment offer.

INSTRUCTIONS:

Please print with ink or use a typewriter. Each question must be fully and accurately answered. Incomplete, illegible or unsigned applications will not be considered. You may submit a resume and supporting documentation for your credentials. Original application and your supporting credentials should be submitted to our Offices located at:

- **St. Thomas/St. John** - 3202 Demarara No. 3, Frenchtown Plaza, Suite 200, St. Thomas, VI 00802
- **St. Croix** - Frits Lawaetz Complex, Suite 210, Frederiksted, St. Croix, VI 00840

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Physical Address: _____

Mailing Address: _____

City State Zip Code

Telephone Number: _____

Home Work Cellular

Social Security Number: _____ Email Address: _____

Position applied for: _____

Available to work: Location: St. Thomas/St. John St. Croix
Status: Full-Time Part-Time Temporary

Are you a United States Citizen or are you legally authorized to work in the United States? Yes No

Are you at least 18 years of age? Yes No Are you currently employed? Yes No

Have you ever worked with VIHFA before? Yes No If yes, when and where? _____

Have you ever been convicted, pled guilty or pled no contest of a violation of the law, felony or crime, except a minor traffic violation or sealed record? Yes No If yes, please attach an explanation.
A "yes" does not automatically disqualify you from employment. The nature of the offense, date and the job for which you are applying will also be considered.

Were you ever convicted of a sexually violent offense or sexual criminal offense against a minor? Yes No
If "yes", in accordance with Act # 6182, in order to attain employment, you must register with the Virgin Islands Department of Justice and give evidence of such registration.

EDUCATION AND TRAINING

Official transcript, diploma, degree, certificates, licenses or proof of membership may be required.

High School Attended: _____
 ▪ Address: _____
 ▪ Years Attended: From: _____ To: _____ Diploma: Yes No

College Attended: _____
 ▪ Address: _____
 ▪ Years Attended: From: _____ To: _____ Degree Awarded? Yes No
 ▪ Type of Degree Awarded: _____

College Attended: _____
 ▪ Address: _____
 ▪ Years Attended: From: _____ To: _____ Degree Awarded? Yes No
 ▪ Type of Degree Awarded: _____

Graduate School Attended: _____
 ▪ Address: _____
 ▪ Years Attended: From: _____ To: _____ Degree Awarded? Yes No
 ▪ Type of Degree Awarded: _____

List any Knowledge, Skills and Abilities you possess that may be relevant to the position you are applying for:

List any specialized Trainings or Certificates received relative to the position you are applying for: _____

List any Professional and/or Service Organizations in which you are an active member: _____

List any Professional License or Professional Membership you possess: _____

MILITARY SERVICE

Branch of Service: _____
 From: _____ To: _____ Rank at Discharge: _____
 Type of Discharge: Honorable Dishonorable If other than honorable, please attach an explanation
 Special Schools/Training: _____

EMPLOYMENT HISTORY

*Begin with your current or most recent position held.
A resume may be attached to provide additional information.*

1. Name of Employer: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Position Held: _____ Hours worked per week: _____

Employed: From: _____ To: _____ Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____ May we contact employer? Yes No

Essential Duties: _____

2. Name of Employer: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Position Held: _____ Hours worked per week: _____

Employed: From: _____ To: _____ Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____ May we contact employer? Yes No

Essential Duties: _____

3. Name of Employer: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Position Held: _____ Hours worked per week: _____

Employed: From: _____ To: _____ Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____ May we contact employer? Yes No

Essential Duties: _____

4. Name of Employer: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Position Held: _____ Hours worked per week: _____

Employed: From: _____ To: _____ Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____ May we contact employer? Yes No

Essential Duties: _____

5. Name of Employer: _____
 Mailing Address: _____
 Telephone Number: _____ Fax Number: _____
 Position Held: _____ Hours worked per week: _____
 Employed: From: _____ To: _____ Supervisor: _____
 Starting Salary: _____ Ending Salary: _____
 Reason for Leaving: _____ May we contact employer? Yes No
 Essential Duties: _____

PROFESSIONAL REFERENCES

List name, address and telephone number of three (3) Professional References who are not related to you.

1. Name: _____ Telephone No.: _____
 Address: _____ Years Known: _____
 2. Name: _____ Telephone No.: _____
 Address: _____ Years Known: _____
 3. Name: _____ Telephone No.: _____
 Address: _____ Years Known: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

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 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 VIHFA. I authorize the Virgin Islands Housing Finance Authority (VIHFA) 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 hereby release VIHFA 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 Application for Employment is not a contract or a guarantee of employment and that it is valid for one year from the date of submittal. My signature below acknowledges that I have read the above statement and understand it.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

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