

SUPREME COURT OF THE UNITED STATES VIRGIN ISLANDS



United in Pride and Hope

APPLICATION FOR EMPLOYMENT

Employment is contingent upon the applicant providing the necessary proof of citizenship or legal authorization to work in the United States. Proof of status will be required upon employment. The Supreme Court of the Virgin Islands is an equal opportunity employer. The Supreme Court does not discriminate in hiring based on age, race, creed, color, national origin, sex, or disability. This employment application will remain active for one year after submission.

INSTRUCTIONS: Please type or print clearly. Illegible or incomplete applications will not be considered.

PERSONAL INFORMATION

NAME:

Last

First

Middle

SOCIAL SECURITY NO.:

□ □ □ □ □ □ □ □ □ □

MAILING ADDRESS:

E-MAIL ADDRESS:

DAYTIME CONTACT NUMBER:

() _____

POSITION(S) FOR WHICH YOU ARE APPLYING

Please list all positions for which you are applying:

Are you at least 18 years of age?

Yes No

Are you a citizen of the United States or one legally entitled to work in the U.S.?

Yes No

Have you ever been convicted of a crime? (If yes, please attach an explanation.)

Yes No

Are you able to perform the essential functions of the position(s) for which you are applying, with or without accommodations?

Yes No

The Supreme Court of the Virgin Islands is an Equal Opportunity Employer

St. Thomas: P.O. Box 590 • St. Thomas, VI 00804 | Main: 340.774.2237 • Fax: 340.774.2258
St. Croix: P.O. Box 336 • Frederiksted, VI 00841 | Main: 340.778.0613 • Fax: 340.772.0004



EMPLOYMENT HISTORY

Beginning with your most **recent** position, account for the last ten years. Attach a separate sheet if necessary.

1	NAME OF EMPLOYER (Firm or Agency) :											
Mailing Address:						Telephone Number: ()						
						Fax Number: ()						
						Position Held:						
						Supervisor's Name:						
Dates of Employment						Salary Information						
From:			To:									
Month	Day	Year	Month	Day	Year	Starting Salary: \$ _____ per Hour <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/>						
						Ending Salary: \$ _____ per Hour <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/>						
Please select one of the following: Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Volunteer <input type="checkbox"/> No. of Hours per week: _____												
Summary of Major Duties/Responsibilities:												
Reason for Leaving:												

2	NAME OF EMPLOYER (Firm or Agency)											
Mailing Address:						Telephone Number: ()						
						Fax Number: ()						
						Position Held:						
						Supervisor's Name:						
Dates of Employment						Salary Information						
From:			To:									
Month	Day	Year	Month	Day	Year	Starting Salary: \$ _____ per Hour <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/>						
						Ending Salary: \$ _____ per Hour <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/>						
Please select one of the following: Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Volunteer <input type="checkbox"/> No. of Hours per week: _____												
Summary of Major Duties/Responsibilities:												
Reason for Leaving:												



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3							NAME OF EMPLOYER (Firm or Agency)					
Mailing Address:							Telephone Number: ()					
							Fax Number: ()					
							Position Held:					
							Supervisor's Name:					
Dates of Employment							Salary Information					
							Starting Salary: \$_____ per Hour <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/>					
							Ending Salary: \$_____ per Hour <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/>					
Month	Day	Year	Month	Day	Year	Please select one of the following: Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Volunteer <input type="checkbox"/> No. of Hours per week: _____						
Summary of Major Duties/Responsibilities:												
Reason for Leaving:												

4							NAME OF EMPLOYER (Firm or Agency)					
Mailing Address:							Telephone Number: ()					
							Fax Number: ()					
							Position Held:					
							Supervisor's Name:					
Dates of Employment							Salary Information					
							Starting Salary: \$_____ per Hour <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/>					
							Ending Salary: \$_____ per Hour <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/>					
Month	Day	Year	Month	Day	Year	Please select one of the following: Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Volunteer <input type="checkbox"/> No. of Hours per week: _____						
Summary of Major Duties/Responsibilities:												
Reason for Leaving:												



Explain any period(s) between jobs or periods of employment (*include time period and reason*). Attach a separate sheet if necessary.

MILITARY EXPERIENCE

1. Have you ever served on active duty in the US military service? (Exclude tours of active duty for training as a reservist or guardsman.) Yes No

BRANCH OF SERVICE

HIGHEST RANK ACHIEVED

PERIOD OF SERVICE

From:			To:		
<i>Month</i>	<i>Date</i>	<i>Year</i>	<i>Month</i>	<i>Date</i>	<i>Year</i>

SPECIAL SCHOOLS/TRAINING:

2. Was your discharge status from the armed service honorable? Yes No

If you answered "No" to Question No. 2 above, please explain in the space provided. You may use additional pages as necessary.



EDUCATIONAL BACKGROUND

From:			To:			
Month	Date	Year	Month	Date	Year	
HIGH SCHOOL		Name of School:				Mark the last year attended: 9 10 11 12
Address:						
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>						
(Check the applicable box) Diploma <input type="checkbox"/> G. E. D. <input type="checkbox"/> Other <input type="checkbox"/> _____						

From:			To:			
Month	Date	Year	Month	Date	Year	
COLLEGE		Name of School:				Major/Subject:
Address:						
Mark the last year attended: 1 2 3 4						
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Please list the name of the degree(s) or certificate(s) received						

From:			To:			
Month	Date	Year	Month	Date	Year	
COLLEGE		Name of School:				Major/Subject:
Address:						
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Mark the last year attended: 1 2 3 4						
Please list the name of the degree(s) or certificate(s) received						



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From:			To:			
Month	Date	Year	Month	Date	Year	
BUSINESS/ TRADE/ OTHER		Name of School:				Major/Subject:
Address:						
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Mark the last year attended: 1 2 3 4						
Please list the name of the degree(s) or certificate(s) received						

LIST ANY SPECIAL TRAINING OR ACHIEVEMENTS:

LIST ANY COMPUTER SKILLS:

LIST ALL LANGUAGES YOU ARE ABLE TO SPEAK, READ, AND WRITE FLUENTLY:

Speak:

Read:

Write:



I certify that the information provided on this application, and on any résumé I may furnish, is true and complete. Any false information or significant omissions given on my application, résumé, or during an interview will disqualify me from further consideration for employment and will justify termination of my employment if discovered at a later date. I authorize the Supreme Court of the Virgin Islands to obtain information about me from my previous employers, schools, and other organizations named in this application or any resume that I submit. I also authorize the persons and entities named to disclose to the Supreme Court of the Virgin Islands such information about me as may be requested. I authorize that any facsimile or photocopy of this release shall be construed and accepted as the original. I hereby waive and release any claims I may have against the Supreme Court of the Virgin Islands in the course of conducting these reference checks.

By signing below, I acknowledge that I have read the above statement and understand it.

PRINT YOUR NAME:

SIGNATURE: _____

DATE: _____