

BRITISH VIRGIN ISLANDS PORTS AUTHORITY

APPLICATION FOR EMPLOYMENT

SECTION 1: PERSONAL INFORMATION				
NAME:		POSITION APPLYING FOR:		
HOME TEL: WORK TEL : CELL PHONE: EMAIL:		MAILING ADDRESS:		
DATE OF BIRTH: D M Y		PLACE OF BIRTH:		
SOCIAL SECURITY NUMBER:		GENDER: MALE		FEMALE
CITIZENSHIP: <i>Day/Month/Year</i>		STATUS:		
HOW LONG IN THE BVI:				
SECTION 2: EMPLOYMENT STATUS				
Employed		Unemployed		Student
				Self employed
SECTION 3: OTHER EMPLOYMENT – RELATED INFORMATION				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <i>(Conviction would not necessarily disqualify an applicant for employment)</i>				
		YES		NO
If yes, explain:				
DO YOU CURRENTLY HAVE ANY OTHER SECONDARY OR PART-TIME EMPLOYEMENT? YES NO				
If you answered YES, please indicate: WHERE:			FOR HOW LONG:	
WERE YOU PREVIOUSLY EMPLOYED BY THIS ORGANIZATION?			EMPLOYMENT AT THE BVIPA MAY REQUIRE THAT YOU OCCASIONALLY WORK ON WEEKENDS AND OVERTIME. ARE YOU ABLE TO MEET THIS REQUIREMENT?	
YES		NO		
Date (s):		YES NO		
Reason for leaving:				
SECTION 4: EDUCATION & TRAINING				
HIGH SCHOOL ATTENDED		COMPLETE ADDRESS		Graduated YES NO
				YEAR:
COLLEGE OR UNIVERSITY		COMPLETE ADDRESS		MAJOR DEGREE/YEAR
TRADE SCHOOL		COMPLETE ADDRESS		MAJOR Completed: YES NO
				ATTENDED FROM: TO:
LIST ANY OTHER TRAINING, SPECIAL SKILLS, CERTIFICATES, AND MACHINERY OR VEHICLES YOU ARE QUALIFIED AND EXPERIENCED TO OPERATE:				
LIST ALL LANGUAGES THAT YOU ARE FLUENT IN:				

SECTION 5: PERSONAL REFERENCES

LIST THREE (3) PERSONS WHO HAVE KNOW YOU OVER TEN YEARS; TWO (2) MUST BE PERSONS WHOM YOU HAVE WORKED WITH.

NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN
1.				
2.				
3.				

SECTION 6: EMPLOYMENT EXPERIENCE*List in Order of Most Recent*

NAME OF EMPLOYER: ADDRESS: TELEPHONE NO. _____ SUPERVISOR:	POSITION HELD: ENDING SALARY: EMPLOYED FROM: _____ TO: _____ LAST POSITION HELD: REASON FOR LEAVING:
---	--

BRIEF DESCRIPTION OF DUTIES:

NAME OF EMPLOYER: ADDRESS: TELEPHONE NO. _____ SUPERVISOR:	POSITION HELD: ENDING SALARY: EMPLOYED FROM: _____ TO: _____ LAST POSITION HELD: REASON FOR LEAVING:
---	--

BRIEF DESCRIPTION OF DUTIES:

DRIVERS LICENSEDO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

IF YES, LICENSE NO:

CLASS:

By signing this application, I certify that the statements made herein are truthful and to the best of my knowledge. I understand that any false information contained in this application may result in my disqualification from being considered for employment.

I authorize the BVIPA to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools, and individuals from all liability whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours outside a normally defined work day or work week. If employed, I understand that such employment may be terminated at any time and without liability to me for any continuation of salary, wages, or employment-related benefits.

DATE:

SIGNATURE:

*****IMPORTANT NOTE*****

PLEASE NOTE THAT THIS APPLICATION WILL NOT BE REVIEWED UNLESS IT IS COMPLETED IN FULL AND ACCOMPANIED BY THE FOLLOWING DOCUMENTS:

- Two (2) Letters of Reference dated no less than 6 months before the date of application
- Diplomas and Certificates (Do not send originals)
- Social Security Registration Card
- Proof of Status in BVI
- Valid Police Certificate from : BVI if residing in the territory for 6 months or more
: Any country that you resided in for more than 6 months in the past 3years

Completed form and supporting documentation can be emailed to hrbvipa@bviports.org