



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 Plaza, Suite 200, St. Thomas, VI 00802-6447
- **St. Croix** - 100 Lagoon Complex, Suite 4, Frederiksted, VI 00840-3912

**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**

*Provide name(s) and address(es) of High School, College/University or Professional School attended.  
Official transcript, diploma, degree, certificates, licenses or proof of membership may be required.*

High School: \_\_\_\_\_  
 ▪ Address: \_\_\_\_\_  
 Diploma: Yes No

College/University: \_\_\_\_\_  
 ▪ Address: \_\_\_\_\_  
 ▪ Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Degree Awarded? Yes No  
 ▪ Type of Degree Awarded: \_\_\_\_\_

Graduate School: \_\_\_\_\_  
 ▪ Address: \_\_\_\_\_  
 ▪ Dates of Attendance: 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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**St. Croix:** 100 Lagoon Complex, Suite 4, Frederiksted, VI 00840-3912, Tel. No. (340) 772-4432