



Interested applicants must submit an application for employment, cover letter, and resume electronically at [hr@vihfa.gov](mailto:hr@vihfa.gov).

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position(s) 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 V.I. Department of Justice and give evidence of such registration.*

**PROFESSIONAL REFERENCES**

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

- Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_
- Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_
- 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: \_\_\_\_\_