



**British Virgin Islands**  
**ELECTRICITY CORPORATION**

**EMPLOYMENT APPLICATION**

PLEASE PRINT  
 IN INK

**PERSONAL**

POSITION APPLYING FOR:	NAME: (LAST)	(FIRST)	(MIDDLE)
------------------------	--------------	---------	----------

TEL: (HOME ) _____ (WORK) _____	PHYSICAL ADDRESS	POSTAL ADDRESS
------------------------------------	------------------	----------------

SOCIAL SECURITY NUMBER: \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
Day/Month/Year

CITIZENSHIP: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_

**MARITAL STATUS:**

MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

**OTHER EMPLOYMENT – RELATED INFORMATION**

WHAT TERM OF EMPLOYMENT DO YOU REQUIRE?  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	WOULD YOU HAVE A PROBLEM WORKING  WEEKENDS?    Yes <input type="checkbox"/> No <input type="checkbox"/> OVERTIME?    Yes <input type="checkbox"/> No <input type="checkbox"/> SHIFT?    Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

CAN YOU, UPON SIGNING YOUR EMPLOYMENT OFFER, SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF CITIZENSHIP?

Yes     No

WERE YOU PREVIOUSLY EMPLOYED BY THIS ORGANIZATION?  Yes <input type="checkbox"/> No <input type="checkbox"/>  Date (s) _____	HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 DURING THE LAST TEN YEARS? ( <b>Conviction will not necessarily disqualify an applicant</b> )    Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, explain _____
--	---

DO YOU HAVE ANY PHYSICAL LIMITATIONS TO PERFORM THE JOB APPLIED FOR? (IF YES, EXPLAIN THE TYPE OF ACCOMMODATION REQUIRED.)    Yes     No

ACCOMMODATION: \_\_\_\_\_

*(continued)*

**EDUCATION & TRAINING**

HIGH SCHOOL (*CERTIFICATE ATTAINED*)      ADDRESS      Graduated:    Yes       No

COLLEGE OR UNIVERSITY      COMPLETE ADDRESS      MAJOR      YEAR: \_\_\_\_\_  
 DEGREE/YEAR

TRADE SCHOOL      COMPLETE ADDRESS      SUBJECTS      Completed:  Yes  
 No

YEAR: \_\_\_\_\_  
 LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS, OR CERTIFICATE/LICENSES THAT YOU  
 POSSESS RELATED TO THIS JOB:

LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE QUALIFIED AND EXPERIENCED AT OPERATING

LIST ANY LANGUAGES THAT YOU FLUENTLY:

SPEAK:

READ:

WRITE:

**REFERENCES**

LIST BUSINESS PERSONS KNOWN, BUT NOT RELATED TO YOU FOR AT LEAST THREE YEARS

NAME      TITLE      BUSINESS      PHONE      YEARS KNOWN

**EXPERIENCE**

List the last 10 year's work experience beginning with most recent.

NAME OF EMPLOYER	TYPE OF BUSINESS
------------------	------------------

PHYSICAL ADDRESS	POSTAL ADDRESS	PHONE (      )
------------------	----------------	-------------------

DATES EMPLOYED FROM      TO	STARTING TITLE	LAST TITLE
--------------------------------	----------------	------------

NAME AND TITLE OF SUPERVISOR	STARTING SALARY \$ _____	WAS EMPLOYMENT FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
	LEAVING SALARY \$ _____	

REASON FOR LEAVING

BRIEF DESCRIPTION OF DUTIES

NAME OF EMPLOYER	TYPE OF BUSINESS
------------------	------------------

PHYSICAL ADDRESS	POSTAL ADDRESS	PHONE (      )
------------------	----------------	-------------------

DATES EMPLOYED FROM      TO	STARTING TITLE	LAST TITLE
--------------------------------	----------------	------------

*(continued)*

NAME AND TITLE OF SUPERVISOR	STARTING SALARY \$ _____	WAS EMPLOYMENT FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
	LEAVING SALARY \$ _____	

REASON FOR LEAVING

BRIEF DESCRIPTION OF DUTIES

**EXPERIENCE – (continued)**

NAME OF EMPLOYER	TYPE OF BUSINESS	
PHYSICAL ADDRESS	POSTAL ADDRESS	PHONE ( )
DATES EMPLOYED	STARTING TITLE	LAST TITLE
FROM	TO	

NAME AND TITLE OF SUPERVISOR	STARTING SALARY \$ _____	WAS EMPLOYMENT FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
	LEAVING SALARY \$ _____	

REASON FOR LEAVING

BRIEF DESCRIPTION OF DUTIES

**DRIVERS**

DO YOU HAVE A VALID DRIVER'S LICENSE?

Yes  No

IF YES, LICENSE NO. AND CLASS:

\_\_\_\_\_

**OTHER ACTIVITIES**

HOBBIES – OTHER INTERESTS: \_\_\_\_\_

MEMBERSHIP IN ASSOCIATIONS: \_\_\_\_\_

RELIGION: \_\_\_\_\_

**COMMENTS**

LIST ANY COMMENTS OR QUALIFYING STATEMENTS YOU CARE TO MAKE

\_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my disqualification or discharge.

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

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

Date \_\_\_\_\_

Signature \_\_\_\_\_