



Lutheran Social Services of the Virgin Islands

Employment Application

Lutheran Social Services of the Virgin Islands (LSSVI) is an equal opportunity employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws. LSSVI makes hiring decisions based solely on qualifications, merit, and business needs at the time.

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Date Available to Start: _____ **Desired Salary: \$** _____

Position Applied for: _____
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES NO

Are you at least age 18? YES NO
(Proof of age and work permits may be required prior to hiring)

Do you have the legal right to work and be employed in the U.S.? YES NO
(Proof of identity and legal authority to work in the U.S. is a condition of employment)

Have you ever worked for any LSSVI program? OR, did you serve in AmeriCorps, Peace Corps, or any other National Service Program? YES NO

If yes, specify dates and program:

Have you ever been convicted of a felony?

YES NO

(NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

Employment at LSSVI requires a satisfactory criminal background history. Employment is within a facility that provides programs, services, or direct care to minors or vulnerable adults including the educational system or child care (24 V.I.C., chapter 17 §469).

I am interested in working: Part-time Full-time On-Call
What days?

I am available: Morning/Day Shift Afternoon/Evening Shift Over-Night Shift

Days and Hours Available:(If employed, notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Can you work any shift? YES NO If no, explain:

Can you work overtime, including weekends? YES NO If no, explain:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO HS Diploma or, YES NO
 GED YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Licenses or Certifications: _____ School Name: _____

Did you graduate? YES NO Lic. Exp. date: _____

Employment History

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Provide TWO professional and ONE personal reference not related to you, whom you have known at least three (3) years.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Military Service

Are you a veteran of the United States Military Service: YES **If yes, please state branch of service:**
 NO

Disclaimer and Signature

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Lutheran Social Services of the Virgin Islands (LSSVI) to hire me. I attest with my signature below that I have given to LSSVI true and complete information on this application. No requested information has been concealed. I authorize LSSVI to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ **Signature** _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE