



P.O. Box 56, Fish Bay, Road Town, Tortola VG1110 British Virgin Islands Tel: (284) 494-2359 Fax: (284 494-2959)

APPLICATION FOR EMPLOYMENT

☐ PART-TIME ☐ FULL-TIME

☐ SALES ASSOCIATE ☐ STORE SUPERVISOR ☐ STORE MANAGER ☐ CAFÉ-COOK/SERVER ☐ MAINTENANCE ☐ OTHER

PERSONAL INFORMATION

NAME:			DATE:		
PHYSICAL ADDRESS:					
MAILING ADDRESS:					
TEL (HOME):		TEL (CELL):		EMAIL:	
SOCIAL SECURITY NUMBER:		TIN NUMBER:		NHI NUMBER:	
DATE OF BIRTH:		PLACE OF BIRTH:		PASSPORT NUMBER:	
CITIZENSHIP/ STATUS: <u>BOTC</u> <input type="checkbox"/> <u>RESIDENT</u> <input type="checkbox"/> <u>WORK PERMIT EXEMPT</u> <input type="checkbox"/> <u>WORK PERMIT REQUIRED</u> <input type="checkbox"/>					

OTHER EMPLOYMENT – RELATED INFORMATION

SECONDARY EMPLOYER (If applicable):	WERE YOU PREVIOUSLY EMPLOYED BY CTL?
NATURE OF SECONDARY EMPLOYMENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
AVAILABLE TO WORK - WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date/ s FROM: TO:
HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason/ s for leaving?
OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION & TRAINING

HIGH SCHOOL ATTENDED:	GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS:	YEAR:		
COLLEGE OR UNIVERSITY	COMPLETE ADDRESS	MAJOR	DEGREE/YEAR
TRADE SCHOOL	COMPLETE ADDRESS	SUBJECT/ S	COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO
YEAR:			

LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS, OR CERTIFICATES/LICENSES THAT YOU POSSESS:

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

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

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



APPLICATION FOR EMPLOYMENT
(continued)

EXPERIENCE
List in Order of Most Recent

1. 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		EMPLOYMENT STATUS
	\$		
	LEAVING SALARY		
	\$		<input type="checkbox"/> FULL-TIME
			<input type="checkbox"/> PART-TIME
REASON FOR LEAVING			
BRIEF DESCRIPTION OF DUTIES			
2. 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		EMPLOYMENT STATUS
	\$		
	ENDING SALARY		
	\$		<input type="checkbox"/> FULL-TIME
			<input type="checkbox"/> PART-TIME
REASON FOR LEAVING			
BRIEF DESCRIPTION OF DUTIES			
DRIVERS LICENCE INFORMATION			
DO YOU HAVE A VALID DRIVER'S LICENSE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, LICENSE NO:			
DO YOU HAVE A VALID FORKLIFT OPERATOR LICENSE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

APPLICANT'S CERTIFICATE

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

I authorize CTL 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.

Signature _____ Date _____

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

1. Two Letters of Reference
2. Social Security Registration
3. Valid Police Certificate local/abroad
4. Diplomas and Certificates
5. Proof of Status in the BVI

Applications may be dropped off at the Customer Service Desk at CTL, Fish Bay, Tortola. British Virgin Islands or emailed to the attention of the Human Resources Manager at humanresources@ctlbvi.com.

In addition, applicants must register for employment at: <https://lms.gov.vg/Account/Register>