

APPLICATION FOR EMPLOYMENT Tortola Pier Park Ltd.

DETAILS OF AF	PPLICANT
NAME:	GENDER: MALE FEMALE
DATE OF BIRTH: PLACE O	F BIRTH:
POSITION (APPLYING FOR)	
MAILING ADDRESS:	HOME #:
	WORK #:
	MOBILE #:
SOCIAL SECURITY #:	STATUS:
CITIZENSHIP:	_ HOW LONG IN THE BVI:
MARTIAL STATUS: SINGLE MARRIED	DIVORCED
DEPENDANTS:	
	AGE:
	AGE:
	AGE:
NEXT OF KIN:	RELATIONSHIP:
ADDRESS:	TELEPHONE #:

		EMPLOYMENT RELATED	O INFORMATION		
	en arrested or convi necessarily disqualif				
YES	NO NO				
If Yes, explain					
Employment at To	rtola Pier Park Limi	ited will require that you w	vork weekends and	overtime occationally	y.
Do you have a pro	blem working eithe	er?			
YES	NO				
If Yes, explain					
		EDUCATION & T	RAINING		
HIGH SCHOOL AT	TENDED			GRADUATED:	
				GRADUATED	

HIGH SCHOOL ATTENDED	GRADUATED:
COMPLETE ADDRESS	YEARS ATTENDED: FROM TO
COLLEGE(S) OR UNIVERSITY(S)	COMPLETED:
COMPLETE ADDRESS	YEARS ATTENDED: FROM TO MAJOR/DEGREE:

COMPLETE ADDRESS YEARS ATTENDED: FROM TO TO	TRADE SCHOOL		COMPLET	ED:
exprerienced to operate.				
Briefly describe yourself:		certificates/licenses, and machinery	or vehicles you are qua	alified and
	List all languages that you are fluent	in:		
List three persons who have known you over ten years. Two must be persons whom you have worked with. NAME/TITLE BUSINESS PHONE YEARS KNOW 1.	Briefly describe yourself:			
List three persons who have known you over ten years. Two must be persons whom you have worked with. NAME/TITLE BUSINESS PHONE YEARS KNOW 1.				
NAME/TITLE BUSINESS PHONE YEARS KNOW 1.		REFERENCES		
1.	List three persons who have known	you over ten years. Two must be pers	ons whom you have w	vorked with.
2	NAME/TITLE	BUSINESS	PHONE	YEARS KNOWN
	1			
3.				
•·	2			

WICHKAMS CAY 1, ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS | WWW.TORTOLAPIER.COM | (284) 494-3435 | SCUPID@BVIPORTS.ORG

	EXPERIENC		List in order of most recent
NAME OF EMPLOYER:			
TELEPHONE #:		POSITION HELD:	
SUPERVISOR:		LAST POSITION HELD:	
ADDRESS:		ENDING SALARY:	
		EMPLOYED FROM:	TO
DESCRIBE YOUR DUTIES:			
NAME OF EMPLOYER:			
TELEPHONE #:		POSITION HELD:	
SUPERVISOR:		LAST POSITION HELD:	
ADDRESS:		ENDING SALARY:	
		EMPLOYED FROM:	TO
DESCRIBE YOUR DUTIES:			
Do you have a valid drivers license?			
YES NO			
If yes, License #:	Class	Expiration:	
	_ 0iass		
Other Activities Hobbies/Other Interest:	Membership in Associa	tions: Religion	r.

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

I authorize the TPPL 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 liability to me for any continuation of salary, wages, or employment related benefits.

DATE: _____

SIGNATURE:

IMPORTANT NOTE

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

1. Two Letters of Reference

2. Diplomas and Certificates

3. Social Security Registration

4. Proof of Status in the BVI

5. Valid Police Certificate local/abroad

(IF YOU HAVE NOT RESIDED IN THE BRITISH VIRGIN ISLANDS CONTINOUSLY FOR THE PAST TEN (10) YEARS, YOU MAY ALSO BE REQUIRED TO PROVIDE A VALID POLICE CERTIFICATE FROM ANY PLACE YOU HAVE LIVED FOR MORE THAN SIX (6) MONTHS).