



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF  
**EDUCATION**

*State Office of Special Nutrition Programs*

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**Belinda Sanderson**  
State Director

## **INSTRUCTIONS FOR SUMMER EMPLOYMENT**

1. A Criminal Background Check is **REQUIRED** for all **HIRED** applicants.
2. **All applications should be returned to the State Office of Special Nutrition Programs located at J. Antonio Annex at the bottom of Polyberg Hill.**
3. **Deadline date for all applications is Friday, April 21, 2017.**
4. Please be sure to sign and date your application.
5. High School Students should provide their latest Progress Report and College Students should provide their most recent transcript.

**Applications without these documents will not be processed.**



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410, or

(2) Fax: (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



**CITIZENSHIP:** Are you a US Citizen/Naturalized?  Yes  No  
 If "no", are you in satisfactory immigration status?  Yes  No  
 If "yes", enter Alien Registration Number: \_\_\_\_\_

**EMPLOYMENT:**

**POSITION APPLYING FOR (please choose three):**

- OFFICE CLERK  DATA ENTRY CLERK  
 LABORER  PROGRAM COORDINATOR (19 & Over) Must have a vehicle & valid driver's license.  
 SITE MONITORS (19 & Over) Must have a vehicle & valid driver's license.

**HAVE YOU WORKED WITH THE SUMMER OR SUMMER FOOD SERVICE PROGRAM BEFORE?**

YES  NO IF YES, SPECIFY YEAR(S) AND POSITION \_\_\_\_\_

**IF YOU WERE PREVIOUSLY EMPLOYED WITHIN THE GOVERNMENT OF THE VIRGIN ISLANDS, PLEASE ENTER YOUR EMPLOYEE NUMBER:** \_\_\_\_\_

**ARE YOU PRESENTLY EMPLOYED?**  YES  NO

**If yes:**

Name:	Address:	Phone Number:
Job Title:		
How long at present employment?		

**EMPLOYMENT HISTORY:**

Complete all items below for each job you have held during the past 24 months. Include all self-employment, part-time work, military service and employment with a government agency. Starting with your most recent employer, include all employers; regardless of state; type of work performed or length of job.

<b>1. Name of Employer:</b>	Job Title:
Address:	Duties Performed:
Telephone # (include area code):	Employed From: <span style="float: right;">To:</span> Month/Year <span style="float: right;">Month/Year</span>
Rate of Pay:	Reason for Leaving:

<b>2. Name of Employer:</b>	Job Title:
Address:	Duties Performed:
Telephone # (include area code):	Employed From: Month/Year To: Month/Year
Rate of Pay:	Reason for Leaving:
<b>3. Name of Employer:</b>	Job Title:
Address:	Duties Performed:
Telephone # (include area code):	Employed From: Month/Year To: Month/Year
Rate of Pay:	Reason for Leaving:

**REFERENCES:**

NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_