



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF
EDUCATION

State Office of Special Nutrition Programs

St. Thomas: 1834 Kongens Gade,
St. Thomas, VI 00802-6746
Tel: (340) 774-0100 Ext. 2812 • Fax: (340) 774-9705
St. Croix: 2133 Hospital Street,
Christiansted, St. Croix, VI 00820-4665
Tel: (340) 773-1095 x 7082 • Fax: (340) 773-7099
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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 2133 Hospital Street, Christiansted St. Croix VI.**
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, 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.

This institution is an equal opportunity provider.

**U.S. VIRGIN ISLANDS DEPARTMENT OF EDUCATION
SPECIAL NUTRITION PROGRAMS**

APPLICATION FOR EMPLOYMENT

Please print or type

DATE: _____

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____
Street City/State Zip

PHYSICAL ADDRESS: _____
Street City/State Zip

CONTACT INFORMATION: _____
(Home Telephone) (Mobile Telephone)

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ **GENDER:** Male Female

ETHNICITY: Hispanic or Latino **RACE:** Black or African American Asian
 Non Hispanic or Non Latino American Indian/Alaskan Native
 Native or Hawaiian or Other Pacific Islander
 White
 Asian
 Other
 Decline to answer

EDUCATION:

	NAME	LOCATION	HIGHEST GRADE LEVEL COMPLETED <i>(select only one)</i>
Junior High/High School			<input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
College/University			<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
Other			

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.

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

