



**Inter Island Boat Services, Inc.**

**P.O. Box 548 · Cruz Bay St. John, USVI 00831-0548 · (340)776-6597**

**APPLICATION FOR EMPLOYMENT**

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.**

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Island \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Other \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_ -- --

		<b>YES</b>	<b>NO</b>
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed an application with us before?	When? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before?	When? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?		<input type="checkbox"/>	<input type="checkbox"/>
May we contact you present employer?		<input type="checkbox"/>	<input type="checkbox"/>
Can you be lawfully employed in this country?		<input type="checkbox"/>	<input type="checkbox"/>
On what date would you be available for work?		_____	
Are you available to work	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Can you travel if the job requires it?		<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a felony within the last seven (7) years? (Conviction will not necessarily disqualify an applicant from employment)		<input type="checkbox"/>	<input type="checkbox"/>
If YES, please explain:			

\_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job.

Applicant Name: \_\_\_\_\_

Employer _____	Dates Employed _____ to _____
Address _____	
Job Title _____	Phone Number _____
Supervisor _____	Reason for Leaving _____
Rate of Pay _____	Briefly describe your responsibilities in this position _____

Employer _____	Dates Employed _____ to _____
Address _____	
Job Title _____	Phone Number _____
Supervisor _____	Reason for Leaving _____
Rate of Pay _____	Briefly describe your responsibilities in this position _____

Employer _____	Dates Employed _____ to _____
Address _____	
Job Title _____	Phone Number _____
Supervisor _____	Reason for Leaving _____
Rate of Pay _____	Briefly describe your responsibilities in this position _____

# EDUCATION

Applicant Name: \_\_\_\_\_

High School \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

College \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Technical School \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Other \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Do you speak another language besides English? If so, what is the language? \_\_\_\_\_

Describe any specialized training or skills you would bring to your position with us:

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	YES	NO
Can you swim?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to comply with company dress codes standards? (This may involve cutting long hair and removing piercings)	<input type="checkbox"/>	<input type="checkbox"/>

Note to Applicants: DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying.

**Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?**

(A description of the activities involved in such a job or occupation should be attached, if not, please ask for one.)

Please list REFERENCES below:

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Address \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_