



# OFFICE OF THE TERRITORIAL PUBLIC DEFENDER



## APPLICATION FOR EMPLOYMENT

*(Employment is contingent upon the applicant providing the necessary proof of citizenship or legal authorization to work in the United States. Proof of status will be required upon employment. The Office of the Territorial Public Defender is an equal opportunity employer. The Office of the Territorial Public Defender does not and will not discriminate in hiring based on age, race, religion, color, national origin, sex, or disability. This employment application will remain active for one year after submission.)*

**INSTRUCTIONS:** Please type or print clearly. Illegible or incomplete applications will not be considered.

### PERSONAL INFORMATION

_____		
LAST NAME	FIRST NAME	MIDDLE INITIAL
_____		
CURRENT PHYSICAL ADDRESS	STREET/APT #	CITY STATE ZIP CODE
_____		
CURRENT MAILING ADDRESS	STREET/P.O. BOX	CITY STATE ZIP CODE
_____		

### CONTACT NUMBERS

DAYTIME NO: _____	CELL PHONE NO: _____
OTHER CONTACT NO: _____	EMAIL ADDRESS: _____

ARE YOU AT LEAST 18 YEARS OF AGE? Yes No      CITIZENSHIP \_\_\_\_\_ (If not U.S., are you legally entitled to work in the U.S.?) Yes No

HAVE YOU EVER WORKED FOR THE OFFICE OF THE TERRITORIAL PUBLIC DEFENDER BEFORE?  
Yes No (If yes, list when, in which capacity and island) \_\_\_\_\_

ARE YOU AFFILIATED WITH ANY EMPLOYEE OF THE OFFICE? Yes No (If yes, list person's name and relationship): \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No (If yes, please indicate date of conviction, charge, and current status)

### POSITION(S) FOR WHICH YOU ARE APPLYING FOR

**Please list all positions you are applying for:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

#### OFFICE OF THE TERRITORIAL PUBLIC DEFENDER

**EMPLOYMENT HISTORY**

*(Beginning with your most recent position, list your employment during the last five (5) years. Attach a separate sheet if necessary.)*

1) Employer (Firm or Agency) \_\_\_\_\_ Mailing Address \_\_\_\_\_

Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Salary: \$ \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_ Telephone No: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor's Name, Title & Contact Number: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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2) Employer (Firm or Agency) \_\_\_\_\_ Mailing Address \_\_\_\_\_

Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Salary: \$ \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_ Telephone No: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor's Name, Title & Contact Number: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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3) Employer (Firm or Agency) \_\_\_\_\_ Mailing Address \_\_\_\_\_

Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Salary: \$ \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_ Telephone No: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor's Name, Title & Contact Number: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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4) Employer (Firm or Agency) \_\_\_\_\_ Mailing Address \_\_\_\_\_

Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Salary: \$ \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_ Telephone No: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor's Name, Title & Contact Number: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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5) Employer (Firm or Agency) \_\_\_\_\_ Mailing Address \_\_\_\_\_

Date of Employment: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Salary: \$\_\_\_\_\_

Ending Salary: \$\_\_\_\_\_ Telephone No: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor's Name, Title & Contact Number: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**MILITARY SERVICE**

Branch of Service: \_\_\_\_\_ Period of Service: From: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Discharge: \_\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Held: \_\_\_\_\_ Highest Rank Achieved: \_\_\_\_\_

Special Schools/Training: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

DATES ATTENDED	SCHOOL ATTENDED	LOCATION/MAJOR/CERTIFICATE/DEGREE OBTAINED
	<b>High School:</b>	
	<b>College:</b>	
	<b>College:</b>	
	<b>Other:</b>	

**LIST PROFESSIONAL AND/OR SERVICE ORGANIZATIONS YOU ARE ASSOCIATED WITH:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ANY SPECIAL TRAINING OR ACHIEVEMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that the information provided on this application and on any resume, I may furnish is true, legible, and complete. I understand that any false statements given on my application, resume, transcripts, or interview will automatically disqualify me from further consideration for employment and will justify termination of my employment if discovered at a later date. I authorize the Office of the Territorial Public Defender to obtain information about me from my previous employers, schools, and any other organizations named in this application or any resume that I submit. I also authorize the persons and entities named to disclose to the Office of the Territorial Public Defender requested information about me as needed. I hereby waive and release any claims I may have against the Office of the Territorial Public Defender and/or the Government of the Virgin Islands in the course of conducting any pre-employment reference checks.*

**By Signing below, I acknowledge that I have read and understood the above statement.**

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

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_