



## PART A EMPLOYEE MOBILITY APPLICATION

### PART A—TO BE COMPLETED BY THE APPLICANT

Instructions to the Applicant:

**IMPORTANT: APPLICANTS APPLYING FOR TRANSFER BETWEEN AND THE PUBLIC SERVICE, THE ROYAL VIRGIN ISLANDS POLICE FORCE OR STATUTORY CORPORATION SHOULD COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT IT ALONG WITH THE APPLICATION FOR EMPLOYMENT.** Participation in this programme is strictly voluntary. If selected, the transfer to the respective agency is permanent and your previous position held will be considered vacant. Please note: **If you are requesting mobility, you and your Department Head/Supervisor must sign this form to effect the mobility process.**

Job Title of Position Sought:	Job Vacancy No:	Hiring Agency:	Closing Date:
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#### 1. APPLICANT INFORMATION

Name (Last, First, MI):	
Mailing Address:	
Home Phone Number:	Cell Phone Number:
Email Address:	

#### 2. EMPLOYMENT INFORMATION

Present Position Title:	Initial Start Date:	Present Employer: <input type="checkbox"/> Government of the Virgin Islands <input type="checkbox"/> Royal Virgin Islands Police Force <input type="checkbox"/> Statutory Corporation Please specify:
Department Head/ Supervisor Name:	Contact Number:	
Present Job Duties:		

#### 3. ELIGIBILITY CRITERIA

1. Satisfactory performance rating or better: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Pending disciplinary charges: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Outstanding legal obligations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide additional details in this section <span style="font-size: 2em;">➔</span> 4. Employed by present employer for at least five years: <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Permanent and Pensionable, if applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Outstanding Legal Obligations</u> (please describe)  If you have an outstanding legal obligation with your present employer, in order to be eligible for mobility an agreement must first be established between all affected parties involved for the discharge of the legal obligation if your application for employment with the Hiring Agency is successful.
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#### 4. DECLARATION

I would like to formally request mobility between my present employer and the specified Hiring Agency. In order to be considered for mobility, I understand that I must meet the eligibility criteria. Further, I understand that if my application is successful and I am appointed to the advertised position, my transfer to the specified Hiring Agency will be permanent and I will not have any special claim to my substantive post to which I was previously assigned. Further, I understand that I will be governed by the regulations, laws, policies and working conditions of the Hiring Agency.	
X _____ Applicant's Signature	_____ Date

**PART B – TO BE COMPLETED BY THE DEPARTMENT HEAD/SUPERVISOR & APPROVING AUTHORITY**

Instructions to the Department Head/Supervisor and Approving Authority:

**IMPORTANT: REVIEW THE ELIGIBILITY REQUIREMENTS PRIOR TO COMPLETING THIS FORM. APPLICANTS MUST MEET THE REQUIREMENTS TO BE ELIGIBLE FOR MOBILITY.**

1. **Part A** of this form has been completed by the applicant wishing to be transferred to another agency for a specified job opening.
2. Written authorisation must be obtained from the applicant’s current Department Head or Supervisor, when seeking mobility and it must be submitted along with the Application for Employment.
3. After a selection is made for the job opening and the applicant is successful, the hiring agency must provide adequate notice and a mutually acceptable transfer date for the applicant will be determined.

\_\_\_\_\_  
(Applicant’s Name: Last Name, First Name, MI)

\_\_\_\_\_  
(Current Position)

\_\_\_\_\_  
(Position Sought)

**COMMENTS ON THE APPLICANT’S OVERALL PERFORMANCE AND SUITABILITY FOR THE POSITION SOUGHT.**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Department Head/Supervisor)

\_\_\_\_\_  
(Date)

**FOR COMPLETION BY THE APPROVING AUTHORITY**

<u>ELIGIBILITY CRITERIA</u>	<u>COMMENTS</u>	
1.Satisfactory performance rating or better: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2.Pending disciplinary charges: <input type="checkbox"/> Yes <input type="checkbox"/> No		
3.Employed by present employer for at least five years: <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.Permanent and Pensionable, if applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.Outstanding legal obligations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> <b>Approved. This applicant meets the eligibility criteria to be transferred.</b> <input type="checkbox"/> <b>Not Approved. This applicant does not meet the eligibility criteria to be transferred.</b>		
_____ Signature	_____ Title	_____ Date