



EMPLOYMENT REGISTRATION FORM

Department of Labour & Workforce Development



Tortola: (284) 468-4707/468-4708 | Virgin Gorda: (284) 468-6526/468-9178 | Email: labour@gov.vg

The following documents must accompany the application:

1. Copy of valid BVI Passport picture page or Belonger Card as proof of BVI Citizenship.
2. Current Résumé/Curriculum Vitae (CV) outlining educational qualifications, work experience, etc.
3. Copy of Diploma(s)/Degree(s)/Certification(s).

Date: _____

New Applicant

Existing Applicant

PERSONAL INFORMATION

Mailing Address:	Name: _____
	Work No.: _____
	Home No.: _____
	Mobile No.: _____
	Email Address: _____
Physical Address:	Date of Birth: _____
	Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Marital Status: _____
	No. of Dependents (i.e. children or parents): _____
Status:	<input type="checkbox"/> BVIlander <input type="checkbox"/> Belonger <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work permit exempt <input type="checkbox"/> Other: _____

EDUCATIONAL QUALIFICATIONS

Education Level Attained	Area of Study	Institution/Country	Graduation Year
High School*			
Associates			
Bachelors			
Masters			
Other			

*If High School was not completed, please specify the highest grade completed: _____

WORK EXPERIENCE

Company/Organization/Individual	Position	Date of Employment	
		From	To

"Your One Stop Partnership Link...Connecting the Employer to the Employee"

Please provide a reason for leaving your last employment or indicate why you wish to leave your current employment.

JOB-RELATED SKILLS

Please list any job related skills you possess:

1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

ADDITIONAL INFORMATION

Job Preference #1: _____

Job Preference #2: _____

Job Preference #3: _____

What is your desired salary? _____

What days are you available to work? _____

Do you have a valid Driver's License? _____

Have you ever been convicted of a felony? _____

Are you seeking full time or part time employment? _____

By signing, I acknowledge that the information provided herein is true and accurate to the best of my knowledge.

Signature

Date