



GOVERNMENT OF THE VIRGIN ISLANDS

APPRENTICESHIP PROGRAMME APPLICATION

DATE: _____

INSTRUCTIONS: Please complete the form with the following details: personal information, educational background, field of interest, and career plan. Attach all supporting documents and submit the application to the Department of Human Resources.

PERSONAL INFORMATION

Name: _____ Gender: _____

Address: _____ SSN: _____

Contact Number: _____ TIN: _____

Contact Number: _____ Email: _____

ACADEMIC INFORMATION

CURRENT GPA: _____

Current Institution: _____

Institution Address: _____

Program Start Date: MM/YY Program End Date: MM/YY

Degree Pursuing: _____

Highest Academic Achievement: _____

EMPLOYMENT INTEREST

Your Availability From: DD/MM/YY **Your Availability To:** DD/MM/YY

1st PREFERENCE

Ministry/Department: _____

Area of Interest/Position: _____

2nd PREFERENCE

Ministry/Department: _____

Area of Interest/Position: _____

CAREER PLAN

What are your short-term goals?

What are your long-term goals?

Upon completion of your studies, will you seek employment in the Territory? If yes, what would be your ideal job role and with what sector?

What skills would you like to develop during the Apprenticeship Programme?

I certify that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

CHECKLIST

<input type="checkbox"/>	Valid ID
<input type="checkbox"/>	Resumé
<input type="checkbox"/>	Transcript
<input type="checkbox"/>	Academic Credentials
<input type="checkbox"/>	Social Security Card (if available)
<input type="checkbox"/>	Tax Identification Number (if available)