



DIAGEO USVI LEARNING SKILLS FOR LIFE

Application & Program Registration

Date: _____ How did you hear about the program? _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____
 Do you have a valid government issued ID?
 Type of government issued ID: _____ ID Number: _____
 Are you over 18 years of age? _____ Age: _____ Birth Date: _____
 Are you seeking: _____ Full Time Employment _____ Part time Employment
 What type of transportation do you use? _____ Personal Vehicle _____ Bicycle _____ Public Transportation
 _____ Taxi/Uber _____ Friends/Family
 Ethnic / Racial Identity: (Select all that apply.)
 _____ White _____ Black/American _____ Asian _____ Native American
 _____ Hispanic / Latin _____ Pacific Islander _____ Prefer Not to Answer
 Are you legally eligible for employment in the United States?
 Have you ever worked in the hospitality industry?
 If yes, what was your position? _____

EDUCATIONAL INFORMATION

G.E.D.: _____ Year G.E.D. Awarded: _____
 Attended High School? _____ If yes From: _____ To: _____
 High School Name: _____
 City, State: _____
 Highest Grade Level Completed: _____ Diploma Achieved?
 Attended College / University? _____ Degree/Major:
 Favorite Subject?
 Least Favorite Subject?

MILITARY SERVICE HISTORY

Branch: _____ From: _____ Discharge Date: _____
Rank at discharge: _____ Honorable Discharge: _____
Special military training / experience: _____
Are you currently registered with the local VA?
Are you currently receiving military benefits?
Please list benefits and entitlements current receiving.

EMPLOYMENT HISTORSY

Company Name: _____ Type of Business: _____
Company Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Position Held: _____ Employed From: _____ To: _____
Supervisor name: _____ Supervisor title: _____
Salary: \$ _____ Reason for leaving: _____
May we contact this employer?

Company Name: _____ Type of Business: _____
Company Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Position Held: _____ Employed From: _____ To: _____
Supervisor name: _____ Supervisor title: _____
Salary: \$ _____ Reason for leaving: _____
May we contact this employer?

COMPUTER SKILLS ASSESSMENT

Do you own or have regular access to a computer?
What level would you rate your current computer skills?

PARTICIPANT DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I have authorized validation of any information contained herein and I waive my rights to protect such information as confidential. I also understand that if I miss two (2) or more unexcused days of classes during training program I may be dismissed from the program.

INITIALS

I acknowledge and agree that neither the University, the sponsor of the Program, nor any employer has made, is hereby making, or will make any presentation or warranty, express or implied, as to whether I will obtain employment following my graduation from the Program, or as to my prospects of obtaining employment following graduation from the Program.

INITIALS

I authorize the University, Program sponsor, and/or their designated agents and representatives to conduct a criminal background check.

INITIALS

It is my understanding that if this application leads to enrollment, I acknowledge that any information determined to be false or misleading, and/or any information provided in connection thereto may affect the candidacy of my enrollment and may result in dismissal from the program.

INITIALS

Last Name

First Name

Signature

Date

PLEASE NOTE: THIS APPLICATION MUST BE FULLY COMPLETED AND SUBMITTED **NO LATER THAN AUGUST 31, 2020.** APPLICATIONS CAN BE SUBMITTED VIA EMAIL: CELL@UVI.EDU, IN PERSON AT DIAGEO ON ST. CROIX OR THE UVI CELL CENTERS ON ST. THOMAS OR ST. CROIX OR MAIL TO UVI CELL; 2 JOHN BREWERS BAY; ST. THOMAS, VI 00803. PLEASE CALL UVI CELL AT **340-693-1100 ON ST. THOMAS** OR **340-692-4230 ON ST. CROIX** WITH ANY QUESTIONS OR FOR DROP OFF LOCATIONS.

APPLICANTS WILL BE NOTIFIED OF THEIR ADMISSION STATUS THE WEEK OF

September 14, 2020