

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? Yes No

Type of government issued ID: _____ ID Number: _____

Are you over 18 years of age? Yes No 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 / African American Asian Native American Pacific Islander

Hispanic / Latin Prefer Not to Answer Other _____

Are you legally eligible for employment in the United States? Yes No

Have you ever worked in the hospitality industry? Yes No

If yes, what was your position? _____

EDUCATIONAL INFORMATION

G.E.D.: Yes No Year G.E.D. Awarded: _____

Attended High School? Yes No If yes From: _____ To: _____

High School Name: _____

City, State: _____

Highest Grade Level Completed: _____ Diploma Achieved? Yes No

Attended College / University? Yes No Degree/Major: _____

Favorite Subject? _____

Least Favorite Subject? _____

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MILITARY SERVICE HISTORY

Branch: _____ From: _____ Discharge Date: _____

Rank at discharge: _____ Honorable Discharge: Yes No

Special military training / experience: _____

Are you currently registered with the local VA? Yes No

Are you currently receiving military benefits? Yes No

Please list benefits and entitlements currently receiving. _____

EMPLOYMENT HISTSORY

Company Name: _____ Type of Business: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Position Held: _____ Employed From: _____ To: _____

Supervisor name: _____ Supervisor title: _____

Salary: \$ _____ per hour annual Reason for leaving: _____

May we contact this employer? Yes No

Company Name: _____ Type of Business: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Position Held: _____ Employed From: _____ To: _____

Supervisor name: _____ Supervisor title: _____

Salary: \$ _____ per hour annual Reason for leaving: _____

May we contact this employer? Yes No

COMPUTER SKILLS ASSESSMENT

Do you own or have regular access to a computer? Yes No

What level would you rate your current computer skills? Beginner Intermediate Advanced

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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