Legislature Of The Virgin Islands

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FROM THE OFFICE OF THE HONORABLE SENATOR CARLA J. JOSEPH

| Summer Youth | Employment O | pportunity Program Application | | | | | |
|-----------------------------------|--------------------------------|--|--|--|--|--|--|
| Date: Name: | | Date of Birth: | | | | | |
| Gender(Circle One): Female/ M | lale | Place of Birth: | | | | | |
| Physical Address: | | Mailling Address: | | | | | |
| | | | | | | | |
| | | | | | | | |
| Mobile Phone: | Home Phone: Permanent Resident | Email: | | | | | |
| Citizenship (circle one): | US Citizen FI Visa | | | | | | |
| Number of children in househol | | Household Size: | | | | | |
| Are you in High School/College/ | - | Ethnicity/ Race: | | | | | |
| (Circle the one that best applies | to you.) | | | | | | |
| Expected Graduation Year: | | Major: | | | | | |
| · · | es, how many hours? | Highest grade or educational level completed: | | | | | |
| Grade/Year: School: | ,es, new many nears. | Highest grade of educational level completed. | | | | | |
| | | | | | | | |
| Are you eligible to vote? Yes / N | No | Are you registered to vote? Yes / No | | | | | |
| | Refer | rences | | | | | |
| Name | Address | Contact Number | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| | | | | | | | |
| 3. | A 1 1::: 1 | T. C | | | | | |
| Additional Information | | | | | | | |
| 1. Resume | se submit the following in | formation with the application. | | | | | |
| 2. Self Assessment (Next Page) | | | | | | | |
| 3. In 100 words or less, respond | to the following questions | s on a separate paper: | | | | | |
| • What are your career goals? | (Jobs you are interested in) | | | | | | |
| • What are your personal and/ | or academic strength? | | | | | | |
| • What are your personal and/ | _ | | | | | | |
| I certify that the above informa | tion is correct and I unders | stand that I may be ask to provide supporting documentatio | | | | | |
| Signature: | | Date: | | | | | |

| Name: | _Se | elf-A | Asse | ssm | ent | | |
|--|-------------------|-------|---------|----------|----------------------|--|--|
| Please rate how you feel about the following statements. Important: Answer what best fits you. There are not right or wrong responses. | | | | | | | |
| Statement | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | | |
| I can manage my time wisely | | | | | | | |
| I can stay on task and maintain my focus at all times | | | | | | | |
| I am confident about my organization skills | | | | | | | |
| I can network with others | | | | | | | |
| I tend to be quiet and keep to myself in public/group settings | | | | | | | |
| I tend to start conversations and interact with others in public/group settings | | | | | | | |
| I prefer taking leadership positions | | | | | | | |
| I make time to goof around, laugh, and have light-hearted fun | | | | | | | |
| Patience is important to me | | | | | | | |

I am open minded and

expect others to be as well