

# THE UNITED STATES VIRGIN ISLANDS OFFICE OF THE GOVERNOR GOVERNMENT HOUSE Charlotte Amalie, V.I. 00802 340-774-0001

January 31, 2023

### VIA HAND DELIVERY

Honorable Novelle E. Francis Senate President Thirty-Fifth Legislature of the Virgin Islands Capitol Building St. Thomas, Virgin Islands 00802

Re: Re-nomination of Celestino A. White, Sr – Virgin Islands Port Authority Governing Board

Dear Mr. President:

In accordance with the provisions of Title 29 § 541 of the Virgin Islands Code, I hereby re-nominate Mr. Celestino A. White, Sr. to the Virgin Islands Port Authority Governing Board for the District of St. Thomas. The term of appointment is three (3) years.

Accordingly, it is my pleasure to ask the advice and consent of the Thirty-Fifth Legislature on this nomination. A copy of Mr. White's resume is enclosed for your review.

Your prompt and favorable confirmation will enhance the Board's ability to meet its robust agenda and serve the people of the U.S. Virgin Islands.

Sincerely,

Albert Bryan Jr.

Governor

Enclosure

Cc: Senator Diane T. Capehart

Chair, Committee on Rules and Judiciary

### CELESTINO A. WHITE, SR



e-mail: celestinowhite@myexperiencematters.org

#### **CAREER SUMMARY**

An accomplished Military, Public Servant and Business Entrepreneur specializing in Consulting, Public Relations, and Executive Management with major companies. Successfully established across generational demographics.

#### Owner/CEO

Celestino White Consulting & Management Firm - St. Thomas, VI 1/2013 - Present

- In charge of day-to-day operations for Management Firm
- Coordinated and oversaw various Client Projects
- Conducted feasibility analysis on behalf of Clients
- Liaison between Clients and various public and private entities

#### Senator

Legislature of the Virgin Islands - St. Thomas/St. John District 1/1989-1/2013

- Created and Passed laws for the US Virgin Islander
- Assisted constituency with various issues within the community
- Assisted with the setting of the budget for the Government of the VI
- Created solutions in regards to revenue generation

### Law Enforcement Officer

Virgin Islands Police Department - St. Thomas/St. John District 1969- 1989

- 1969 1989 Police Officer VI Police Department 20 years of service
- 1974 Promoted to Sergeant VI Police Department
- 1978 Promoted to Police Lieutenant VI Police Department
- 1971 1977 Name Commander of VI Police Department Traffic Bureau
- 1983 Promoted to Police Captain VI Police Department
- 1983 Name Zone Commander of a Police Station
- 1984 Promoted to the Rank of Police Chief St Thomas/St John District
- 1986 1989 Name Zone Commander of St John Station

### **United States Military**

Air Force 1965 - 1969

- Served 4 years as an Airman.
- United States Veteran
- Vietnam Veteran
- Honorable Discharge

### **EDUCATION**

Graduate - Charlotte Amalie High School - 1965

### **PROFESSIONAL TRAINING**

Obtained hundreds of of certificates during my Military and Police career in management, planning, directing, and organizing.

### References:

Available upon request



# QUESTIONNAIRE FOR GOVERNOR'S NOMINEE FOR DEPARTMENTS, AGENCIES, BOARDS & COMMISSIONS

### PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS QUESTIONNAIRE.

- 1) <u>ALL</u> questions must be fully and correctly answered and returned to the Office of Legal Counsel within seven (7) business days of your receipt of the Questionnaire.
- 2) Do not submit a resume instead of this Questionnaire.
- 3) If more than the allotted space on this form is required for a complete and full answer, please attach as many additional 8½ x 11 sheets as may be needed. At the top of each additional sheet put your name, "Office of the Governor, Office of Legal Counsel", and then reference the question number before each answer.
- 4) The Questionnaire is in Word Format. Please complete all responses clearly in black font color. Responses are <u>NOT</u> to be hand written.
- 5) Please do not hesitate to call the Office of Legal Counsel at Government House at (340) 774-0001 if you have any questions concerning this Questionnaire.

### Office of the Governor Questionnaire for Nominees to Departments, Agencies, Boards & Commissions 2 | P a g e

NOMINEE'S NAME: Celestino A. White, Sr.

### **SECTION I: BIOGRAPHICAL DATA**

1. NAME: (Last)	(Firs	t)	(Middle)	(Other)
White	Cele	estino	Antonio	Sr.
2. SOCIAL SECURITY:	580-XX-XXXX			
3. ADDRESS:				
Mailing:	red (harris 1955) and the	S. WESTERN		
Residential:	Description of the second	si Thomas W 9050		
Business:				
E-Mail:				
Phone Number(s) -	AMULIUS AND THE	(Cell)		(Home)
4. Length of Residence	in the Virgin Island	ls: 65 years		
J. Date Of Diltit.				
	Thomas, VI			
7. Marital Status:	<b>✓</b> Married	Single\	Widowed	Divorced
8. Full Name of Spouse	: Ruthlyn Archibald Whi	te		
Mailing & Residential A	Address: P.O. Box 10	548 St. Thomas, VI 008	801 <b>479-11-11-11-11-11-11-11-11-11-11-11-11-1</b>	linearing thomas of
Business, Name & Addi	ress:			
		9. EDUCATION		
Institution	Dates Attended	Degree Received	Date Received	Certifications
Charlotte Amalie High School	09/1961-06/1965	Diploma	06/1965	
		_ 1		
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### Office of the Governor Questionnaire for Nominees to Departments, Agencies, Boards & Commissions 3 | P a g e

NOMINEE'S NAME: Celestino A. White, Sr.

10. EMPLOYMENT RECORD: Please list, in chronological order, your complete employment record for the past ten (10) years, beginning with the present or most recent position.

[Attach additional sheet(s), if necessary, and reference this question number]

Employer	Dates of Employment	Position	Address/Phone #	Supervisor
Celestino A. White, Sr. Consulting Mgt. Firm	01/2013 - Present	Owner		

### 11. GOVERNMENT EXPERIENCE:

A. List all federal, state, territorial or local government service, giving dates and type of service such as employee, boards, commissions, executive, legislative or judicial branches, consultant, voluntary service, part-time or honorary. [Attach additional sheet(s), if necessary, and reference this question number]

**B.** List and attach a copy of all service contracts you have held independently or been a party to with the Government of the Virgin Islands.

Virgin Islands Port Authority Governing Board, 3/2020-Present, Member
West Indian Company, Ltd, 2018-2019, Member
Legislature of the Virgin Islands, 1/1989-1/1999; 1/2001-1/2013, Senator
Virgin Islands Police Department, 1969-1989; all ranks up to Chief of Police
United States Air Force, 08/1965-02/1969, Airman

## Office of the Governor Questionnaire for Nominees to Departments, Agencies, Boards & Commissions 4 | P a g e

NOMINEE'S NAME: Celestino A. White, Sr.			
12. BUSINESSES AND FINANCIAL INTEREST: List all businesses (for profit or not for profit), real estate and trusts in which you have at least a 10% interest or control of assets or serve as an officer or member of a board with voting rights. [Attach additional sheet(s), if necessary, and reference this question number]			
Celestino A. White Sr. Management Consulting Firm D	D/B/A Experience Matters		
13. QUALIFICATIONS: What in your opinion qualified slands in the position, which the Governor has nominated	es you to serve the People of the Virgin you?		
I have served 45+ years of honorable public service	in various management		
and leadership roles, and can offer a wealth of know	ledge and experience to matters		
impacting the lives of all Virgin Islanders.			
SECTION II: HONORS AND ACC	OMPLISHMENTS		
L4. MEMBERSHIPS: List all memberships and officholarly, civic, charitable, and other organizations.	ces held in professional, fraternal,		
N/A			
15. BOARDS, COMMISSIONS, TRUSTS, ETC.: List all trusts or fiduciary responsible positions on which you have	government or private sector boards, e served or are now serving.		
Virgin Islands Port Authority Governing Board, 3/202	0-Present, Member		
West Indian Company, Ltd, 2018-2019, Member			

**16. HONORS AND AWARDS:** List all scholarships, fellowships, honorary degrees, honor society memberships, and any other special recognition for outstanding service or achievement.

### Office of the Governor

Questionnaire for Nominees to Departments, Agencies, Boards & Commissions

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NOMINEE'S NAME: Celestino A. White, Sr.

	Senior Citizens Residence in Sugar Estate re-named in my honor per Legislative Act 7726:		
	lestino A. White, Sr. Senior Citizens Residence"		
I ha	we also been awarded highest award to be given - V.I. Medal of Honor for Public Service		
L			
	PUBLISHED WRITINGS: List all titles, publishers and dates of books, articles, reports, or published materials you have written.		
N/A			
	SECTION III: CHARACTER		
18.	Have you ever been the subject of a grand jury, police, and department of justice or any legally constituted government authority, investigation anywhere or at anytime?  YES NO		
	If you answer is yes, please explain with details including date and location. (Attach additional sheet(s), if necessary, and reference this question number)		
19.	Have you ever been arrested in any geographical location for any offense, including traffic violations? YES NO		
	If yes, please explain with details including offense, date of location and disposition. [Attach additional sheet(s), if necessary, and reference this question number]		
20.	Have you ever been convicted of a felony or a misdemeanor?  ☐YES ✓NO		

## Office of the Governor Questionnaire for Nominees to Departments, Agencies, Boards & Commissions 6 | P a g e

NOMINEE'S NAME: Celestino A. White, Sr.

	If yes, please explain with details including offense, date, location and current status. [Attach additional sheet(s), if necessary, and reference this question number]
21.	Is there now or has there ever been a judgment entered against you? YES NO  If the answer is yes, please explain with details on date, location and disposition or current status. [Attach additional sheet(s), if necessary, and reference this question number]
22.	Have you ever been a respondent in any labor dispute or discrimination proceeding?  YES NO  If the answer is yes, please explain with details on date, location and disposition or current status. (Attach additional sheet(s), if necessary, and reference this question number)
23.	Have you now or have you ever been a member of an organization or an associate of an individual advocating terrorism, overthrow of a government by force or the advocacy or subordination of any ethnic group or individuals?
	If the answer is yes, please give details of dates, names of organizations, names of individuals and all pertinent circumstances. [Attach additional sheet(s), if necessary, and reference this question number]

### Office of the Governor Questionnaire for Nominees to Departments, Agencies, Boards & Commissions 7 | P a g e

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NOMINEE'S NAME: Celestino A. White, Sr.
24. Do you know of any individual, organization or group, which can be expected to oppose your nomination? YES NO
If the answer is yes, please list the individuals, organizations or groups by name and give the details of your belief for their opposition. [Attach additional sheet(s), if necessary, and reference this question number]
25. Do you have any outstanding and delinquent monetary obligations to the Government of the Virgin Islands or any other public or private entity, including but not limited to, personal income taxes, business taxes, real property taxes (commercial or residential), business license renewals, trade name renewals, annual reporting fees, professional organization dues, child support, judgments, debt
Government of the Virgin Islands, includes but is not limited to the following departments, agencies and instrumentalities: the Bureau of Internal Revenue, Tax Assessor, Department of Justice Division of Paternity and Child Support, Board of Education, Economic Development Authority, U. S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, the Water and Power Authority, the Waste Management Authority, Department of Health, Department of Human Services
YES NO
If the answer is yes, please attach a detailed explanation of what outstanding and delinquent monetary obligations are owed, the reason for the delinquency, and the intended plan to bring the

### **SECTION IV: CONFLICT OF INTEREST**

matter current.

26. Please explain your understanding of "Conflict of Interest" as it applies to the position to which you have been nominated to serve the People of the Virgin Islands.

An example of conflict of interest is if a board member is also a member of an organization or business that is also doing business with the Authority and the board member could gain

### Office of the Governor Questionnaire for Nominees to Departments, Agencies, Boards & Commissions 8 | P a g e

NOMINEE'S NAME: Celestino A. White, Sr. something as it relates to the decisions made by the board. 27. Do you own a business or real estate, or are you a partner or shareholder or affiliated in anyway to sell or provide goods or services to the Virgin Islands Government? **√**NO YES If the answer is yes, please explain and give the name and location of these interest(s) and how you promise to remove yourself from any possible conflict. [Attach additional sheet(s), if necessary, and reference this question number] Does any close relative or spouse have a business or real estate interest(s) as described in 28. YES question 25? V NO If the answer is yes, please explain and give the name and location of these interest(s) and how you propose to remove yourself from any possible conflict. (Attach additional sheet(s), if necessary.)

### **SECTION V: JOB PERFORMANCE**

29. In no more than 150 words, please outline in priority order your four (4) specific short-term and four (4) specific long-term goals and objectives you would employ to achieve the entity's purpose and improve its service delivery system if your nomination is confirmed for this position.

### Office of the Governor Questionnaire for Nominees to Departments, Agencies, Boards & Commissions 9 | P a g e

NOMINEE'S NAME: Celestino A. White, Sr.

Adhere Projects u	versight of Authority's revenue initiatives and spending to ensure: nce to policies; awarding of contracts/leases are fair and completed timely; undertaken have value and are for the betterment of the territory/Authority
Promote I	he success of the Authority by supporting executive director initiatives
continue	you must know, the Virgin Islands Government does not have the monetary resources to business as usual. Do you have a fiscal plan in place to deal with less spending and a ed system to deliver services to the residents of this Territory?
how you	iswer is yes, please give a brief summary of your plan. If your answer is no, please explain intend to operate your department with less money and deliver the services to the residents ed. [Attach additional sheet(s), if necessary, and reference this question number]
Along wit	h fellow board members, continue to provide oversight and guidance to the
revenue	nitiatives and spending through the executive director and his management team
	hat is your view and understanding of Equal Employment Opportunity and Sexual arassment? [Attach additional sheet(s), if necessary, and reference this question number]
As it relat	les to EEO, it is all about fairness in the workplace and a person should never be
	y their skin color, religiion and/or creed, but by the content of the services they can
	o their place of employment. When it comes to sexual harassment, no means no and
leave wn	at doesn't belong to you.
	ave you ever been named as a party in any hearing, administrative, civil, and criminal, cluding EEOC, civil rights or sexual harassment?

If yes, please explain in detail, giving date, venue, agency, and the names of the other parties and the

disposition. [Attach additional sheet(s), if necessary, and reference this question number]

OM	INEE'S NAME: Celestino A. White, Sr.
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3.	Is there any additional information that you believe would assist the Committee on Rules and
	the Judiciary in processing your nomination expeditiously?
-6	eve that due to my long-standing record of public service, I can provide a perspective
elli	ends to the advancement of the Authority. I am available to serve and as I have had a
at I ng	career of being successful in all my endevours. I know I can bring meaningful and
at I ng	career of being successful in all my endevours. I know I can bring meaningful and nsightful knowledge and experience to the board.
at I ng	

This is to certify and affirm that all the statements contained herein and in any supporting documents or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

addendum to this document are true and correct faith.	t to the best of my knowle	edge and are made in good
Signed this		-
Celectino R. WHite Sp.  Nominee's Name [Print Clearly]	Signature of Nominee	tilo-
Sworn and subscribed before me this 14th	•	20 <b>.23</b>
Notan Public of the U.S. Virgin Islands	[seal]	NOTARY PUBLIC Julice L. Harley
My commission expires:		My Commission Exp:  At the Pleasure of the Lleutenant Gove St. Thomas/St. John USVI District

NOMINEE'S NAME: Celestino A. White, Sr.

# SIGNATURE, CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

Please read the following very carefully before you sign this document.

- 1. I understand that the information given in this Questionnaire will be investigated under all applicable laws.
- 2. I understand that any false statement on any part of this Questionnaire can be grounds for rejecting the confirmation of my nomination.
- I hereby consent and authorize the release of information on my character, background, ability, financial indebtedness and fitness to serve the residents of the United States Virgin Islands by all government departments and agencies, especially the Bureau of Internal Revenue, Tax Assessor, Department of Justice Division of Paternity and Child Support, Board of Education, Economic Development Authority, U. S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, if applicable, employers, schools, all law enforcement agencies, and all other individuals and organizations, which may be deemed necessary, to authorized Committee on Rules and the Judiciary investigators, its staff and any other authorized employees of the Virgin Islands Government as may be required.

### 4. CERTIFICATION:

This is to certify and affirm that all the statements contained herein and in any supporting document or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

Signed this		
Glastino A. Witite SA	Colat of the	
Nominee's Name (Print Clearly)	Signature of Nominee	
Sworn and subscribed before me this	day of February 2023	
Notan Public of the U.S. Virgin Islands	[seal] NOTARY PUBLIC Julice L. Harley My Commission Exp:	
My commission expires:	At the Pleasure of the Lieutenant ( St. Thomas/St. John USVI Dis	jove: Itici

### NOMINEE'S FULL NAME: CETESTIQO A. White, Sr.

### AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

1. I Authorize an investigator, special agent, or other duly accredited representative of the authorized Local Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retailed business establishments, or other sources of information to include publicly available electronic information. This information may include but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I understand that, for some sources of information, a separate release will be needed, and I may be contacted for such a release at a later date.

- 2. I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.
- 3. 1 Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Local Federal agency authorized above regardless of any previous agreement to the contrary...
- 4. I Understand that the information released by records custodians and sources of information is for official use by the Legislature of the Virgin Islands (Government) only for the purposes provided in this Application and that it may be disclosed by the Government only as authorized by law.
- 5. I hereby consent and authorize the release of information on my character, background, ability, financial indebtedness and fitness to serve the residents of the United States Virgin Islands by all government Departments and agencies, especially the Bureau of Internal Revenue, Tax Assessor, Department of Justice Division of Paternity and Chitd Support, Board of Education, Economic Development Authority, U.S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, if applicable, employers, schools, all law enforcement agencies, and all other individuals and organizations which may be deemed necessary, to authorized Committee on Rules and Judiciary investigators, its staff and any other authorized employees of the Virgin Islands Government as may be required.

Photocopies of this authorization with my signature are valid. This authorization is valid for two years from the date signed.

Last Four (4) Digits of SSN # 1086

### NOMINEE'S FULL NAME: CHESTION A. White, Sr.

### AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink

#### 6. CERTIFICATION:

This document is to certify and affirm that all the statements contained herein and any supporting documents or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith

Nominee's Name (Print Clearly)

Nominee's Name (Print Clearly)

Signature of Nominee

Sworn and Subscribed before me this 27th day of Mach . 2023

Votary Public

My commission expires 4/14/2025