National Summer Employment Programme Application Form

IMPORTANT: Complete the form with BLOCK CAPITAL LETTERS ONLY.

E.g. Last Name: M C P H E R S O N

Personal Information

Last Name _____ M.I _____ First Name _____

TRN _____-_____-_____

Current Address

Street Name & Number _____ Community _____ Parish _____

Mailing Address (If different from above)

Street Name & Number _____ Community _____ Parish _____

Contact Numbers

Home _____-_____ Digicel _____-_____ C & W _____-_____ Claro _____-_____

ID Type

Passport # _____ Driver's Licence # _____-_____-_____ National ID # _____

Date of Birth

Day _____ Month _____ Year _____ Gender (Please Tick) ☐ Male ☐ Female

Have you ever participated in the NYS Summer Employment Programme Before? ☐ Yes ☐ No

Are you a Path Beneficiary? (Please Tick) ☐ Yes ☐ No

Keycard Cash Number (if any) _____-_____-_____-_____

Qualifications

Name of School/ Institution	Form (Secondary)	Year of Study (Tertiary)	Subjects/course	Grade

Special Skills: _____

T-Shirt Size: (Please tick) ☐ Extra -Small ☐ Small ☐ Medium ☐ Large ☐ Extra - Large

In the Event of an Emergency Please Notify:

Last Name _____ First Name _____

(EXAMPLE) Relationship M O T H E R Relationship _____

Contact Numbers: Home _____-_____ Digicel _____-_____ C & W _____-_____ Claro _____-_____

Date of Submission: Day _____ Month _____ Year _____ Signature: _____

N.B. Please attach a letter of application and resume.