



FOR OFFICIAL USE ONLY

APPLICATION NO.

MINISTRY OF PUBLIC SERVICE AND HUMAN RESOURCE DEVELOPMENT

SUMMER EMPLOYMENT APPLICATION PROGRAMME

Please **read** the following information **carefully**.

PROGRAMME OBJECTIVE

- To assist **students in financial need**, meet the financial cost of their education, who, without such assistance **would not be able** to pursue or complete their programme of study.

1. Students are required to complete the application form and submit it to the office of the **Ministry of Public Service and human Resource Development , 2nd floor Greaham Louisy Administrative Building, Waterfront, Castries on or before March 31** on the calendar year which you seek summer employment.
2. Incomplete applications or applications containing misleading information will **not** be considered.
3. Applicants are required to be at the minimum age of sixteen (16) years on or before June 01, of the calendar year in which they apply
4. Students will be employed for a **maximum** of two (2) months during the period **June to July** or **July to August**.
5. All applicants are required to obtain an NIC number from the National Insurance Corporation, as proof of meeting the minimum age of sixteen (16) years.
6. Secondary School students applying for the programme are required to provide proof of enrolment in the final year of Form Five (5) of their programme. All other applicants are required to submit proof of registration in a full time programme.
7. Students are requested to ensure that all information including mailing address is accurate.
8. Applications submitted after the deadline date of March 31 will not be considered

PERSONAL DATA

1. NAME (*Ms, Mr. Mrs.*) _____
2. DATE OF BIRTH ___/___/___ (*DD/MM/YR*) GENDER Male Female (*please tick*)
3. MARITAL STATUS _____ (*Married, Single, Divorced*)
4. PERMANENT ADDRESS (*where you live*) _____

5. MAILING ADDRESS (*where you receive your mail*) _____

6. CONTACT NO _____ EMAIL ADDRESS _____

7. ¹N.I.C. NUMBER _____ (required for processing of application and payment of wages)

FAMILY INFORMATION

8. Please indicate the **monthly** salary range persons **contributing to your household** in the table below by placing the appropriate letter from the key in the Monthly wages/salary field.

KEY: (I) \$1000 or below (II) Over \$1000 but less \$2000 (III) Over \$2000 but less than \$3000 (IV) Over \$3000 but less than \$4000 (V) Over \$4000 but less than \$5000 (VI) Over \$5000

	Name	Occupation	Work Address	Contact Number	Range Monthly Salary/Wages
FATHER					
MOTHER					
SPOUSE					
GUARDIAN					

9. List names of persons in your household, including yourself. Please indicate whether they are employed, unemployed or student.

Name	AGE	Relationship	Employment Status (employed, unemployed, student)	Institution Enrolled In

10. Which of the following best describes your Mother's education? (tick highest level attained)

- i. Primary Education
- ii. Secondary School Education
- iii. Tertiary Education
- iv. Bachelor of Science
- v. Masters Degree
- vi. Doctorate

11. Which of the following best describes your Father's education? (tick highest level attained)

- i. Primary Education
- ii. Secondary School Education
- iii. Tertiary Education
- iv. Bachelor of Science
- v. Masters Degree
- vi. Doctorate

¹ **ALL** applicants are **required** to obtain a number from the National Insurance Corporation, Francis Compton Building, Waterfront, Castries

12. How many persons in your house either attended or currently attend a University? _____

13. Do you or your family receive any form of financial assistance? (E.g. Public Assistance through e.g. the department of Human Services, Ministry of Social Transformation, Church) YES NO

If yes, state institution _____ Telephone _____

EDUCATION

14. Programme currently pursued _____

(please indicate specific name of programme being pursued)

15. Level (please tick)

Postgraduate A'Level Secondary Graduate
Undergraduate Diploma Certificate Associate Degree

16. Name of Institution _____

17. Length of Programme _____ (e.g. 5 years, 3 years)

18. Current Year of Enrolment _____ (e.g. 1st year, 2nd year Form5)

19. How is education financed? (Tick all that apply)

Government Loan Self
Grant/Scholarship Parent/Spouse Other (please specify) _____

20. Do you have any source of Income? YES NO

21. If Yes, please specify amount \$ _____ (per year or per month)

22. How do you plan on financing the upcoming school year? _____

EMPLOYMENT, SKILLS AND CAREER

23. Is this your first application for Summer Employment?

YES NO

24. If **No**, were you employed in the programme last year?

YES NO

25. Please specify skills (e.g. computer Literacy, Typing, Drawing, Accounting etc) _____

26. Career Aspirations _____

27. Reasons for seeking summer employment _____

28. Preferred area of Job Placement

Name of Ministry _____

29. Have you applied to any other organization for employment?

YES NO (answering yes, does not preclude you from gaining employment)

30. Period available for employment? (carefully select the appropriate period; changes in period of availability **will not be permitted**)

June to July July to August No Preference

I _____ grant approval to my son/daughter/ward _____
(Name of Parent/Guardian) (Applicant's name)
permission to participate in the Summer Employment Programme. (optional)

I _____ hereby certify that the above information is to the best of my
(Applicants full name)
knowledge correct and true. I understand that if I give false or misleading information on this form, my application will be rejected. Further I understand that by submitting this application that the Ministry of the Public Service reserves the right to verify the information provided to ascertain its accuracy.

Signature of Applicant

Date

FOR USE BY THE MINISTRY OF THE PUBLIC SERVICE ONLY

Date Received ____/____/____ (dd/mm/yr)

Time _____

Receiving Officer's Name _____ Signature _____

Comments

