



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 , 2<sup>nd</sup> 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. <sup>1</sup>N.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

<sup>1</sup> **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. 1<sup>st</sup> year, 2<sup>nd</sup> 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

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Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yr)

Time \_\_\_\_\_

Receiving Officer's Name \_\_\_\_\_ Signature \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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