

THE BAHAMAS GOVERNMENT SUMMER EMPLOYMENT PROGRAMME APPLICATION MINISTRY OF AGRICULTURE AND MARINE RESOURCES

(PLEASE PRINT CLEARLY)

•	PERSONAL DATA	
		Male Femal
1.	NAME:	
2.	DATE OF BIRTH: AGE:	_
	NATIONAL INSURANCE #:	
3.	ADDRESS:	-
	P. O. BOX: TELEPHONE:	
4.	PHYSICAL DISABILITIES OR MEDICAL CONDITION(S) OF PERSONS THAT SHOU NOTED. (If any, please specify)	LD BE
5.	NAME, ADDRESS AND TELEPHONE CONTACT OF PERSON TO BE NOTIFIC CASE OF EMERGENCY.	ED IN
I.	JOB PLACEMENT	
6.	Please indicate any particular area or type of work in which you:	
	(a) have past experience ar	nd/or
	(b) wish to be considered for	-
7.	If selected for placement, when will you be available? (Please specify date	e)
	From: To:	_
II.	EDUCATION AND TRAINING	
8.	Circle the highest grade/year completed	
	8 9 10 11 12 1 2 3 4 High School College, University, Vocational/Technical	
9.	Name and address of school presently attending. (Students attending college/universit present a current school identification card).	y must
10	. Qualifications (BJC and GCE/BGCSE) obtained to date. (Original certificates required for verification) Please note: Applicants will only be paid for the academic qualification(s) s with effect from the date on this applications.	ubmitt

IV. EMPLOYMENT HISTORY

11.	Previous Summer Employment YES NO		
	If any, please list other previous part-time jobs held. Indicate name of company, duties performed and the period of employment.		
19			
	Applicant's Signature Date		
• • • • PLEA	 e submit the following documents along with this applicant: Copies of academic qualifications (originals will be required for verification) Birth certificate OR Passport (the original will be required for verification) National Insurance Card Bank Information (please note that the account must be in the applicant's name) In the case of applicants enrolled in college/university, a current school identification card is required SE NOTE THE DEAD LINE TO SUBMIT THIS APPLICATION FORM I THE SUPPORTING DOCUMENTS IS FRIDAY, 2ND JULY, 2021. 		
	FOR OFFICIAL USE		
Accep	oted		
Minist	ry/Department/Section/Agency assigned to:		
Salary	per week based on qualification: \$		
Date sı	ıbmitted:		
Not A	ccepted		
Reasor	n(s) not accepted:		
	nel Officer's Signature: Date:		