



International

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St. Andrew  
Kingston 6, Jamaica

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Work and Travel Services

## INTERNATIONAL WORK AND TRAVEL SERVICES

This application form serves to retrieve all pertinent information about the applicant in order to have a basic overview of all applicants. Please answer all of the questions and write **N/A** where applicable.

### Applicant's Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname \_\_\_\_\_ Date of Birth: \_\_\_\_\_ DD/MM/YYYY

### Mailing Address

Street Address \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_

### Legal Status

Country of Birth \_\_\_\_\_ Are you a **US** citizen \_\_\_\_\_

City of Birth \_\_\_\_\_ Country of Permanent Residency \_\_\_\_\_

### Passport Information

Passport #: \_\_\_\_\_ Country where passport issued \_\_\_\_\_

Passport Expiration Date \_\_\_\_\_ DD/MM/YYYY

Have you ever been to the USA? \_\_\_\_ When.....DD/MM/YYYY Type of visa? \_\_\_\_\_

If other than a tourist, what visa \_\_\_\_\_ Other (specify) \_\_\_\_\_

### Contacts

Valid Email Address \_\_\_\_\_

Mobile # \_\_\_\_\_ Alternative # \_\_\_\_\_ Home: \_\_\_\_\_

Professional Skype Name: \_\_\_\_\_

**Emergency contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of the person financing your programme.....

Is this person your parent of guardian? .....

Contacts for the person financing your programme:

Phone.....email address:.....

Address:.....0.....

..

**Information:**

How did you hear about us? **(Place a tick where necessary to highlight your answer)**

I.W.T.S Representative\_\_\_\_ Flyer\_\_\_\_ Poster\_\_\_\_ Email\_\_\_\_ Word of Mouth\_\_\_\_ Friend/Classmate\_\_\_\_  
Facebook\_\_\_\_ Whatsapp broadcast\_\_\_\_ Website.....Other\_\_\_\_\_

Select the level of Proficiency for each of the Languages you speak. Please check only one level of proficiency in each row.

Language	Fluent	Advanced	Basic	Not Spoken
English	( )	( )	( )	( )
Spanish	( )	( )	( )	( )
German	( )	( )	( )	( )
French	( )	( )	( )	( )

**Computer Skills**

Please list your skills and experience with computers below:

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**Health Background**

Confirm if you have or had any of the following health issues:

Allergy (if serious)\_\_\_\_ Cancer/Tumors\_\_\_\_ Convulsive Disorder\_\_\_\_ Dyslexia\_\_\_\_ Eczema \_\_\_\_

Measles\_\_\_\_ Mumps\_\_\_\_ Psychological Disorder\_\_\_\_ Asthma\_\_\_\_ Chicken Pox\_\_\_\_ Diabetes\_\_\_\_  
Eating Disorder\_\_\_\_ Hepatitis\_\_\_\_ Migraine Headaches\_\_\_\_ Physical Handicap\_\_\_\_ Rheumatic Fever\_\_\_\_  
Rubella\_\_\_\_ Substance Abuse\_\_\_\_ Ulcer\_\_\_\_ Whooping\_\_\_\_ Scarlet Fever\_\_\_\_ Thyroid Disease\_\_\_\_  
Urological Problems\_\_\_\_\_.

**Highlight any Awards received along with your Hobbies and Skills.**

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**Describe your personality:**

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**Criminal Background**

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain:

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**Education**

University/College\_\_\_\_\_

Type of Qualification (ie-Degree etc)\_\_\_\_\_

Course of Study\_\_\_\_\_

Enrolled Date\_\_\_\_\_

Expected Graduation Date\_\_\_\_\_ Country\_\_\_\_\_

**Employment History**

**Start with your most recent hospitality related work experience in chronological order. Please write other work experience if possible.**

Employer\_\_\_\_\_

Position\_\_\_\_\_ Start Date\_\_\_\_\_ (mm/dd/yyyy)

End Date\_\_\_\_\_ (mm/dd/yyyy) City\_\_\_\_\_

State\_\_\_\_\_ Country\_\_\_\_\_

Duties and Responsibilities\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer\_\_\_\_\_

Position\_\_\_\_\_ Start Date\_\_\_\_\_ (mm/dd/yyyy)

End Date\_\_\_\_\_ (mm/dd/yyyy) City\_\_\_\_\_

State\_\_\_\_\_ Country\_\_\_\_\_

Duties and Responsibilities\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_ Start Date \_\_\_\_\_ (mm/dd/yyyy)

End Date \_\_\_\_\_ (mm/dd/yyyy) City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Declaration

I confirm that the information provided on this application form as requested is true and accurate. I understand and agree that my failure to submit accurate information to **International Work and Travel Services (I.W.T.S)** can and will lead to my immediate termination from the Summer Work and Travel Programme, whether or not I am in Jamaica or the United States of America. I understand that my visa will be cancelled and I will have to return home, should **I.W.T.S** or the sponsor find out that I have submitted: false, inaccurate, misleading or fraudulent information in order to have my work documents processed for my participation in the Summer Work and Travel Programme. I understand that the information submitted on this application is vital to the processing of all documents needed to work in the United States of America.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application Received by: (IWTS Representative): \_\_\_\_\_

Date: .....