

GOVERNMENT OF GRENADA

MINISTRY OF LABOUR

CANADA SEASONAL AGRICULTURAL WORKERS' PROGRAMME

APPLICATION FORM #FRM-18

Sign Photo (name
in full)

Place

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Personal Information – Section A

Name: _____ Date of Birth (mm/dd/yy) _____

Country of Birth _____ Sex: Male ___ Female ___ Height (ft, inches): _____ Weight (lbs): _____

Passport Number: _____ Issue Date (dd/mm/yy): _____ Expiration Date (dd/mm/yy): _____

Home Address _____

Mailing Address _____

Telephone No: (Home) _____ (Mobile) _____ (Work) _____ (Other) _____

Marital Status: _____ No. Of Children: _____ Religion: _____

Driver's License: Yes ___ No ___ If Yes, Please indicate class _____

Emergency Contact:

Name: _____ Address: _____

Phone Nos. _____ Relationship (e.g. wife): _____

Education - Section B

Highest level of Education: Degree _____ Diploma _____ Certificate _____

Secondary(list subjects) _____

Primary _____ Other _____ None _____

Employment Status – Section C

Unemployed _____ Self employed(Please explain) _____

Employed _____ Please State: Occupation: _____ Employer/Business (name, address, telephone): _____

Work Experience - Section D

Agricultural Work Experience: Yes _____ No _____ Years of Experience: _____

If yes, indicate type of Agricultural work (e.g. planting, harvesting, weeding etc.): _____

Other Work Experience _____

Job Experience:

List Name, Address and Telephone of places worked during the past three (3) years

- 1. _____
- 2. _____
- 3. _____

Skills:(List all the skills you possess) _____

References (name, address, telephone no, occupation) Please do not list names of family members Section E

- 1. _____
- 2. _____
- 3. _____

Applicant’s Declaration - Section F

I. I declare that the information provided in this application are true to the best of my knowledge and that failure to provide true and accurate information could result in the disqualification of my application

II. Should I be selected to participate in this Programme, I agree to:

- i. fully participate in the programme, until its completion;
- ii. bear the relevant cost of travelling , where applicable;
- iii. represent Grenada well overseas.

Applicant’s signature _____ Date _____

Special Notes – Section G

- (a).The Ministry of Labour(MOL) reserves the right to seek clarification on information provided in this application.
- (b). Failure to complete this form accurately and fully may result in the MOL not being able to process your application or lead to delays in your selection.
- (c).All submission of application for any programme does not guarantee acceptance.
- (d).All enquiries regarding the status of an application should be directed to the Secretary, Administration Division of the Ministry
- (e).Applicants will be selected for an interview and successful applicants will be contacted by the MOL
- (f). Applicants will be required to submit a police record to the MOL, undergo a full medical test and complete the application Form for the Canadian Visa. These costs will be borne by the applicant.

For official use only:

Comments:

Status: Approved: _____ Not Approved: _____ Deferred: _____