



J-1 Professional Teacher Program Application Form

Last Name: _____ First Name: _____

Middle Name: _____ Marital Status: _____

Address: _____

E-mail Address: _____

Contact #1: _____ Contact #2: _____

D.O.B.: _____ Current Age: _____

Nationality: _____ Sex: ☐ Male ☐ Female

Skype ID: _____ Passport #: _____

Issue Date: _____ Expiration Date: _____

Tax Registration Number #: _____ Number of Dependents: _____

Next of Kin/Emergency Contact Name: _____

Address: _____

E-mail Address: _____

Contact #: _____ Relation: _____

Which school year are you applying for? _____

Do you have a BSc in Education? _____

If you answered no, what is your Bachelor degree in? _____



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Are you qualified to teach at the Primary or Secondary level? _____

Which subject (s) are you qualified to teach? _____

Are you currently teaching? If yes, what subject and level? _____

Do you have a minimum of two (2) years full-time teaching experience? _____

What is the total number of years that you have been teaching? _____

What grades have you taught? _____

Is your current/past school willing to participate in the J-1 Professional Teacher Program? _____

Are you willing to sign a minimum two (2) year contract? _____

Are you willing to leave Jamaica for your new post in July? _____

Have you ever been on a J-1 Program before? ☐ Yes ☐ No

If yes, state which program and when? _____

Have you ever travelled outside of Jamaica? ☐ Yes ☐ No

Have you ever visited the USA before? ☐ Yes ☐ No

Do you have any family or friends in the USA? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please state the crime. _____

Do you have any serious illness? If yes, please specify. _____



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Give three references

Name: _____ Occupation: _____

Address: _____

Contact #: _____

Name: _____ Occupation: _____

Address: _____

Contact #: _____

Name: _____ Occupation: _____

Address: _____

Contact #: _____

I agree that the information given is true to the best of my knowledge.

Signature

Witness

Date

Date



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For official use only

Application Status: _____	Interview status: _____
Sponsor: _____	Docs Submitted: _____
Docs Missing: _____	Employment State: _____
Date Placed: _____	Contract: _____
Medical Status: _____	Police Record: _____
Registration Fee: _____	Fee: _____
Payment date: _____	Approved by: _____