



Students Overseas Recruiting Agency

“Changing lives and fulfilling dreams through cultural exchange”

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Kingston 6
Jamaica W.I.

Phone : (876) 665-0213
Cell: (876) 449-2719
email: soraj1workandtravel@gmail.com

Please **COMPLETE** registration form in a **LEGIBLE** manner preferably using **BLOCK** letters.

PERSONAL INFORMATION

SURNAME MIDDLE INITIAL

FIRST NAME..... NATIONALITY

D.O.B/...../..... Age Sex.....

Address

.....
.....

Home Phone Number Cell Number.....

Email Address

Passport No. National ID#

TRN SSN

Yes

No

Have you ever participated on the J1 Work and Travel Program before?

If yes, with which Agency and what is your reason for not returning with that agency?

.....
.....

Yes

No

Are you in any monetary debt with any other local agency?

If yes, please state why, and the name of the agency

.....

SCHOOL INFORMATION

Name of Institution

Current Program Enrolled

Duration of Program Current Year

School Identification Number

LOCAL EMERGENCY CONTACT INFORMATION

Name

Address

..... Relation

Nationality..... Contact #

Country

Email Address

VISA INFORMATION

Yes

No

Have you ever applied for a US Visa before?

Yes

No

Have you ever been refused a US Visa?

If yes, explain

Yes

No

.....

Have you ever had a US Visa cancelled, revoked or terminated?

If yes, explain

.....

INTERNATIONAL EMERGENCY CONTACT INFORMATION (if any)

Name

Address

.....

State..... City

Zip Code Contact

Relation

Email Address

GIVE A BRIEF DISCRPTION OF YOUR PREVIOUS EXPERIENCE ON THE SUMMER WORK AND TRAVEL PROGRAM.

I _____ acknowledge that the information given on this registration form is accurate. I understand that my signature makes this a legally binding document between myself and SORA, and as such will be held fully responsible for any false

information that is given on this form, in the unlikely event that such an incident should occur, the matter could be taken to the Regional Magistrate Court if deemed necessary by SORA.

Applicant Signature _____

Date _____

For Official Use Only.

Job Assist []

Self Arrange []

Date, application received /...../.....

Application Accepted: YES [] NO []

Registration Voucher Submitted: YES [] NO []

Authorize Signature _____

Date: /...../.....