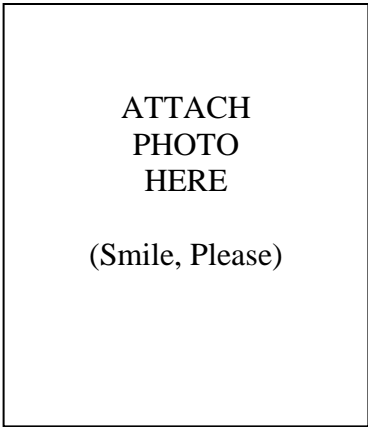


WORK & TRAVEL PROGRAM

Application Form for Participants



e 1

General Information:

Country _____
Program Time Requested: From _____ To _____
Comments _____

PERSONAL DATA:

Family Name: _____ First Name: _____

Middle name: _____ Gender: Male _____ Female _____

Date of Birth (month, day, year): _____ City of Birth: _____

Country of Birth _____ Country of Citizenship _____

Legal Permanent Residence Country: _____ Social Security No: _____

Country where passport issued: _____ Expiration Date (month, day, year): _____

HOME ADDRESS:

Current Address (street, city, state/province, postal code, country) _____

Telephone (country code + area code): _____

Fax: _____ E-mail: _____

EMERGENCY CONTACT PERSON DATA:

Name and Relationship to Applicant _____

Address/Telephone of Emergency contact person _____

GOOD HEALTH: Yes ___ No ___ If no, please specify _____

MARITAL STATUS: Single ___ Married ___ Divorced ___ Number of children: _____

EDUCATIONAL DATA:

Please list below all secondary/high schools, colleges, and universities you have attended.

Name of School, University	Location	Dates Attended (from/to)	Credential or Diploma Name and Date Received, Specialization

PROFESSIONAL OR PRACTICAL EXPERIENCE:

List current or most recent employment first.

Employer	Location	Position (type of work)	Dates
1.			
2.			
3.			

ACTIVITIES, HOBBIES (sports, art, or leadership): _____

INTERNATIONAL DRIVERS LICENSE: yes ____ no ____

LANGUAGE ABILITY:

English Proficiency: Poor____ Fair____ Good____ Excellent____

Tests taken for English? _____ (TOEFL) Score_____ Date_____

Other Languages (Please include native languages) _____

PREVIOUS FOREIGN TRAVEL or RESIDENCE:

Country _____ Dates of visit _____ Reason for visit _____

Country _____ Dates of visit _____ Reason for visit _____

Country _____ Dates of visit _____ Reason for visit _____

Have you traveled to the U.S.A.? yes____ no____ Dates of visit _____

Reason for visit? _____

VISA INFORMATION:

IF IN THE U.S.:

Social Security No: _____

Date of Arrival (Month/ Day/Year): _____ I-94 #: _____

Current Nonimmigrant Status: _____

Expires on (Month/Day/Year): _____

Applicant's signature: _____

Date: _____
(month / day / year)

RETURN THIS FORM WITH:

Two (2) letters of reference in English, Copy of travel passport, Resume, 2 (two) passport size smiling picture, Interviewer Feedback Form (see the next page).

**THIS PORTION BELOW IS TO BE FILLED OUT BY THE PROGRAM COORDINATOR
OR INTERVIEWER ONLY**

INTERVIEWER FEEDBACK FORM

Applicant's Name: _____ Country: _____

Reason for applying: _____

Employment/Education:

Description of candidate's education and work in home country:

Language: English skills: Poor ____ Fair ____ Good ____ Excellent ____
Comments:

Interviewer's Assessment:

Interviewer's assessment of applicant as to flexibility and adaptability to a foreign cultural environment:

What is the applicant's leadership potential?

How does the applicant present herself/himself in the interview?

What considerations should the program take in finding placement?

Interviewer's Assessment of Most Appropriate Placement Assignments:

1. Specialty: _____
Preferred duties: _____

2. Specialty: _____
Preferred duties: _____

3. Specialty: _____
Preferred duties: _____

Additional comments:

=====
Name of interviewer: _____
Title of interviewer: _____
Date: _____ **Signature of Interviewer:** _____
Phone #: _____ **Fax #:** _____
E-mail: _____