

PARTICIPANT APPLICATION FORM ACADEMIC YEAR

The Application Form needs to be completed online (contains interactive fiels) in English language.!

First Name (print) <input style="width: 95%;" type="text"/>	Applicant Number : <input style="width: 95%;" type="text"/>
Last Name (print) <input style="width: 95%;" type="text"/>	Attach your picture here (50 cm * 50 cm) http://www.workexperience.ro/info_consiliere.php#five
Middle Name (print) <input style="width: 95%;" type="text"/>	
Program option: <input type="radio"/> SELF PLACED <input type="radio"/> WORK EXPERIENCE PLACEMENT	
Earliest day you can arrive <input style="width: 40%;" type="text"/> or <input type="checkbox"/> As soon as possible	Choose the region <input style="width: 40%;" type="text"/>
Date until you will can work <input style="width: 40%;" type="text"/> or <input type="checkbox"/> Until the end of the program	Choose the cities * <input style="width: 40%;" type="text"/>

** If you choose a special region or city Work Experience and his partner is not mandatory to find a job in that spcified region or city.*

PERSONAL INFORMATION (exactly as it apers on your passport)

Date of birth <input style="width: 95%;" type="text"/>	Age <input style="width: 95%;" type="text"/>	Gender <input style="width: 95%;" type="text"/>
City of birth (print) <input style="width: 95%;" type="text"/>	Country of birth (print) <input style="width: 95%;" type="text"/>	
Country of Permanent residence <input style="width: 95%;" type="text"/>	Nationality <input style="width: 95%;" type="text"/>	
E-mail 1 (print) <input style="width: 95%;" type="text"/>	E-mail 2 (print) <input style="width: 95%;" type="text"/>	
National ID number (CNP) <input style="width: 95%;" type="text"/>	Number of Euro<26 or ISIC <input style="width: 95%;" type="text"/>	
Passport Number <input style="width: 95%;" type="text"/>	Date of issue <input style="width: 95%;" type="text"/>	
Expiration Date <input style="width: 95%;" type="text"/>	City and Country of issue <input style="width: 95%;" type="text"/>	

APPLICANT CONTACT INFORMATION (permanent home address)

City <input style="width: 95%;" type="text"/>	Street, No, Zip Code <input style="width: 95%;" type="text"/>	Province <input style="width: 95%;" type="text"/>
Country <input style="width: 95%;" type="text"/>	Home phone <input style="width: 95%;" type="text"/>	Cell phone <input style="width: 95%;" type="text"/>

EMERGENCY CONTACT INFORMATION

First Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>	Relationship <input style="width: 95%;" type="text"/>
City <input style="width: 95%;" type="text"/>	Street, No, Zip Code <input style="width: 95%;" type="text"/>	Province <input style="width: 95%;" type="text"/>
Country <input style="width: 95%;" type="text"/>	Home phone <input style="width: 95%;" type="text"/>	Cell phone <input style="width: 95%;" type="text"/>

Please send the application at the following address america@workexperience.ro with the subject "Academic Year"!



EDUCATION

Name of High School		Full Address	
Major field of study		The course length of your major field of study (in years)	
		How many years of studies have you completed?	
English Language Ability	Oral English	Written English	Listening comprehension
Other Languages Spoken			

WORK EXPERIENCE

Type of Work	From		Duties	Contact Name and Phone
	To			
Type of Work	From		Duties	Contact Name and Phone
	To			
Type of Work	From		Duties	Contact Name and Phone
	To			

YOUR PERSONALITY AND INTEREST

Why do you want to study abroad? Please describe!	
What do you think will be your greatest challenge in study overseas and why?	
Why should an High Scholl choose you as a participant? Please describe!	

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTION. Answer truthfully

<input type="radio"/> Yes	<input type="radio"/> No	Are you in good health? If no, please explain!	
<input type="radio"/> Yes	<input type="radio"/> No	Have you ever taken illegal drugs? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you drink alcoholic beverages? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you smoke? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you have currently siblings living in United States? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you have racial prejudices? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you have a clean criminal record? If no, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you have any medical conditions requiring treatment? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you have any allergies? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you have any dietary restrictions? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Are you vegetarian? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you have any visible tattoos or body? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you intend to come back after the end of the program? If yes please give 3 reasons!	
<input type="radio"/> Yes	<input type="radio"/> No	Have you ever lived away from home for any length of time? If yes, please describe!	
<input type="radio"/> Yes	<input type="radio"/> No	Do you have any siblings, parents currently living in US? If yes, please describe!	

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VISA INFORMATION

Have you ever received a USA visa?	<input type="checkbox"/>	If Yes, describe: type, period, name of program, employer and sponsor!	<input type="text"/>
Have you ever denied a USA visa?	<input type="checkbox"/>	If Yes, describe: type, period, name of program, employer and sponsor!	<input type="text"/>
Have you ever applied for a visa to emigrate permanently to the US?	<input type="checkbox"/>	Have you ever been arrested or convicted of a crime ?	<input type="checkbox"/>
		If yes, please describe!	<input type="text"/>

YOUR FAMILY PROFILE

Mother's name	<input type="text"/>	Occupation	<input type="text"/>
Father's name	<input type="text"/>	Occupation	<input type="text"/>
Full Address	<input type="text"/>	Phone	<input type="text"/>
Are your parents supportive of your decision to come to US?	<input type="radio"/> Yes <input type="radio"/> No	Religious Affiliation	<input type="text"/>
		Attendance Frequency	<input type="text"/>

OTHER INFORMATION

Are able to drive in US?	<input type="checkbox"/>	Date of license issuance	<input type="text"/>	Are you often driving	<input type="checkbox"/>
List interests, skills, talents, other abilities	<input type="text"/>				
Other information about your self	<input type="text"/>				

I (print your name),

certify that all information in the application is true and complete to the best of my knowledge, and acknowledges that any false or misleading information may lead to immediate dismissal from the Program. I hereby authorize **WORK EXPERIENCE** or its designees, to make such investigations and inquiries of my driving record, employment history, educational background, or criminal conviction history as may be necessary in arriving at an employment decision. I hereby authorize past employers, schools, and references named herein to give information in responding to inquiries in connection with this application
Eligibility note: It is unlawful to employ a person who does not have permission to live in the USA. Unless the advert states otherwise, please ensure you have this permission before applying.

Date: City Applicant's Signature:

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