



PARTICIPANT APPLICATION FORM WORK EXPERIENCE UK

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

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

** If you choose a special region or city Work Experience and his UK 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 type="text"/>	Age	<input type="text"/>	Gender	<input type="text"/>
City of birth (print)	<input type="text"/>	Country of birth (print)	<input type="text"/>		
Country of Permanent residence	<input type="text"/>	Nationality	<input type="text"/>		
E-mail 1 (print)	<input type="text"/>	E-mail 2 (print)	<input type="text"/>		
National ID number (CNP)	<input type="text"/>	Number of Euro<26 or ISIC	<input type="text"/>		
Passport Number	<input type="text"/>	Date of issue	<input type="text"/>		
Expiration Date	<input type="text"/>	City and Country of issue	<input type="text"/>		

APPLICANT CONTACT INFORMATION (permanent home address)

City	<input type="text"/>	Street,No,Zip Code	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>	Home phone	<input type="text"/>	Cell phone	<input type="text"/>

EMERGENCY CONTACT INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>	Relationship	<input type="text"/>
City	<input type="text"/>	Street,No,Zip Code	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>	Home phone	<input type="text"/>	Cell phone	<input type="text"/>

Please send the application at the following address europa@workexperience.ro

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EDUCATION

Name of High School <input style="width: 95%;" type="text"/>	Full Address <input style="width: 95%;" type="text"/>		
Major field of study <input style="width: 95%;" type="text"/>	The course length of your major field of study (in years) <input style="width: 40%;" type="text"/>	How many years of studies have you completed? <input style="width: 40%;" type="text"/>	
Name of University (if applicable) <input style="width: 95%;" type="text"/>	Full Address <input style="width: 95%;" type="text"/>		
Major field of study <input style="width: 95%;" type="text"/>	The course length of your major field of study (in years) <input style="width: 40%;" type="text"/>	How many years of University level studies have you completed? <input style="width: 40%;" type="text"/>	
Name of University (if applicable) <input style="width: 95%;" type="text"/>	Full Address <input style="width: 95%;" type="text"/>		
Major field of study <input style="width: 95%;" type="text"/>	The course length of your major field of study (in years) <input style="width: 40%;" type="text"/>	How many years of University level studies have you completed? <input style="width: 40%;" type="text"/>	
English Language Ability	Oral English <input style="width: 40%;" type="text"/>	Written English <input style="width: 40%;" type="text"/>	Listening comprehension <input style="width: 40%;" type="text"/>
Other Languages Spoken	<input style="width: 95%;" type="text"/>		

WORK EXPERIENCE

Type of Work <input style="width: 95%; height: 60px;" type="text"/>	From <input style="width: 95%; height: 25px;" type="text"/>	To <input style="width: 95%; height: 25px;" type="text"/>	Duties <input style="width: 95%; height: 60px;" type="text"/>	Contact Name and Phone <input style="width: 95%; height: 60px;" type="text"/>
Type of Work <input style="width: 95%; height: 60px;" type="text"/>	From <input style="width: 95%; height: 25px;" type="text"/>	To <input style="width: 95%; height: 25px;" type="text"/>	Duties <input style="width: 95%; height: 60px;" type="text"/>	Contact Name and Phone <input style="width: 95%; height: 60px;" type="text"/>
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YOUR PERSONALITY AND INTEREST

Do you prefer to work alone or in a group? Why? Please describe!	
Why do you want to participate in this program? Please describe!	
What do you think will be your greatest challenge in working overseas and why?	
Why should an employer 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 currently have a steady relationship? 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	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 UK? If yes, please describe!	

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VISA INFORMATION

Have you ever received a UK visa?	<input type="checkbox"/>	If Yes, describe: type, period, name of program, employer and sponsor!	<input type="text"/>
Have you ever denied a UK 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 UK?	<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"/>
Do you have children?	<input type="checkbox"/>	If Yes, how many	<input type="text"/>	
		Religious Affiliation	<input type="text"/>	

OTHER INFORMATION

Are able to drive in UK?	<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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