



## WORK AND TRAVEL APPLICATION FORM SEASON 2017

*Please clearly print all answers in English language. Mark N/A if the question is Not Applicable.*

PERSONAL INFORMATION <i>(Please use information from your passport)</i>		
1. FIRST NAME:	2. MIDDLE NAME:	3. LAST NAME:
4. PERSONAL NUMBER (EMBG):	5. DATE OF BIRTH: / / dd/mm/yyyy	6. CITY OF BIRTH:
7. COUNTRY OF BIRTH:	8. COUNTRY OF CITIZENSHIP:	9. GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
10. HOME ADDRESS Street:  City: Country:                      Zip Code:	11. HOME TELEPHONE:	12. MOBILE PHONE:
	13. E-MAIL:	14. SKYPE:
	15. WHICH COUNTRIES HAVE YOU VISITED IN THE LAST FIVE YEARS?	
16. HIGHSCHOOL:  DATES OF ATTENDANCE FROM: TO:	17. INTERNATIONAL PASSPORT <b>NUMBER:</b> <b>ISSUE CITY:</b>  * If you have double nationality, please specify: COUNTRY:	DATE OF ISSUE: / / dd/mm/yyyy  DATE OF EXPIRY: / / dd/mm/yyyy  PASSPORT NUMBER:
EMERGENCY CONTACT INFORMATION		
18. EMERGENCY PERSON FULL NAME:  EMERGENCY PERSON HOME ADDRESS:  EMERGENCY PERSON PHONE NUMBER AND E-MAIL:	19. FULL NAME, TEL. No, HOME ADDRESS AND E-MAIL OF TWO FRIENDS:  1.  2.	20. MOTHER'S FULL NAME:  DATE OF BIRTH:  PHONE AND E-MAIL:
		21. FATHER'S FULL NAME:  DATE OF BIRTH:  PHONE AND E-MAIL:
22. <b>HOW DID YOU HEAR ABOUT OUR SERVICE?</b> <input type="checkbox"/> FRIEND <input type="checkbox"/> FACEBOOK <input type="checkbox"/> PRESENTATION <input type="checkbox"/> FLYER <input type="checkbox"/> VIKING WEBSITE <input type="checkbox"/> VIKING OFFICE <input type="checkbox"/> POSTER <input type="checkbox"/> OTHER		
STUDENT STATUS INFORMATION		
23. FULL NAME OF THE UNIVERSITY:	24. FIELD OF STUDY:	25. UNIVERSITY DEGREE: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master
26. YEAR OF STUDY:	27. DATE OF ENROLLMENT:	28. EXPECTED GRADUATION DATE:
29. STUDENT STATUS Are you a full time student at university? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROGRAM INFORMATION		
30. APPLYING FOR WAT PROGRAM: <input type="checkbox"/> Premium <input type="checkbox"/> Exclusive Lifeguard <input type="checkbox"/> Self-arranged	31. JOB/DS-2019 START DATE:	32. JOB/DS-2019 END DATE:

33. PREFERRED WORK POSITIONS:	34. PREFERRED WORK DESTINATIONS:	35. FRIENDS TRAVELLING WITH YOU (no more than 3):
<b>QUESTIONARY</b>		
36. Have you been to the USA before? <input type="checkbox"/> Yes <input type="checkbox"/> Not yet	37. If Yes, when, where, type of visa and sponsor organization?	38. Social Security Number:
39. Level of English knowledge:		
Reading: <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Upper intermediate <input type="checkbox"/> Advanced	Writing: <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Upper intermediate <input type="checkbox"/> Advanced	Speaking: <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Upper intermediate <input type="checkbox"/> Advanced
40. Have you ever been arrested or accused of a felony or crime?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
41. Have you ever overstayed a visa to the USA?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
42. Have you ever been refused a visa to the USA?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (type of visa )
43. Has your WAT program ever been terminated?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
44. Do you have any relatives in the USA?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (relationship )
45. Can you swim?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (good, very good, excellent)
46. Do you have a driving license?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
47. Can you give first aid?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
48. Do you suffer from any illnesses/allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (what type )
49. Do you smoke?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
50. Have you taken English courses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (when and where )
51. Do you want your contact information to be shared with other participants?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
52. Do you have any special skills/certificates?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (what )
53. Would you like to apply for our insurances in case of visa refusal or change of plans?		
Visa Safety <input type="checkbox"/> Money Protect <input type="checkbox"/> Program Payback <input type="checkbox"/> ☺ V.I.P. Advantage (package of all three insurances) <input type="checkbox"/>		
No, I don't want any insurances, I prefer to sign a standard contract for Work and Travel USA program <input type="checkbox"/>		
54. Your financial sponsor's full name:		
Address:		
tel. No:		
Relationship to you:		

I, the undersigned, hereby declare that the information provided on this form is to the best of my knowledge true and complete and corresponds to my personal preferences. I realize that providing false, misleading or incomplete information may result in a cancellation of my program.

Date:  
dd/mm/yyyy

Signature:

### Required documents:

- 2 photos 5x5 cm on a white background and a digital photo 600 pixels x 600 pixels
- Valid international passport
- Copy of previous J-1 visa/s (if applicable and if not in passport)
- ID card
- 2 Certificates of University Enrollment
- Recent CV with a smiling photo (MS Word format)
- Motivation letter (MS Word format)