



J-1 Summer Work & Travel Application Form

Last Name: _____ First Name: _____

Middle Name: _____ E-mail: _____

Address: _____

Contact #: _____ D.O.B.: _____

Skype ID: _____ Number of Dependent(s): _____

Nationality: _____ Age: _____ Gender: _____

Passport #: _____ Expiration Date: _____

Issue Date: _____ Social Security #: _____

Name of Institution: _____

Address of Institution: _____

Field of Study: _____ Year of Study: (1st) (2nd) (3rd) (4th) (5th)

Name of high school attended: _____

Address of high school attended: _____

Year started: _____ Year ended: _____

What option are you applying for? Self-Placement _____ Full Placement _____

Give two job preferences: _____

Have you ever participated in this program before? Yes _____ No _____

If yes, state where: _____ Sponsor: _____

Position held: _____ Year participated: _____

Would you like to work at the same location with a friend? Yes _____ No _____

Please give your friend's name: _____



Do you have any family and/or friends in the USA? Yes _____ No _____

If yes, please state their names, relationship and address: _____

Status of immediate family in the USA: _____

Have you ever been denied a US visa? _____ Have you ever lost a passport? _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, explain _____

Do you have any serious illness and/or allergies? Yes _____ No _____

If yes, please explain

Marital Status: _____ Spouse's Full Name: _____

Spouse's D.O.B.: _____ Who will pay for your trip? _____

Address of person paying for your trip _____

List social media accounts usernames so that we can connect with you:

Next of Kin/Emergency Contact Name: _____

Next of Kin/Emergency Contact # _____ Relation: _____

Address: _____

E-mail Address: _____

Father's Name: _____ Father's D.O.B.: _____

Mother's Name: _____ Mother's D.O.B.: _____



Give three references

Name: _____ Occupation: _____

Address: _____

Contact #: _____ Relation: _____

Name: _____ Occupation: _____

Address: _____

Contact # _____ Relation: _____

Name: _____ Occupation: _____

Address: _____

Contact #: _____ Relation: _____

I agree that the information given is true to the best of my knowledge.

Signature Date (dd/mm/yyyy)

Witness Date (dd/mm/yyyy)

For official use only

Application status: _____ Interview status: _____

Petition for: _____ Visa Date: _____

Visa Status: _____ Employment State: _____

Date Placed: _____ Position: _____

Medical status: _____ Police record: _____

Regis. Fee: _____ Prog. Fee: _____

Payment date: _____ Appr: _____