



# Work N Travel

APPLICATION

ATTACH  
PHOTO

I hereby apply for a WorknTravel year for the year \_\_\_\_\_ / \_\_\_\_\_

## Personal Info

Name

Surname

Street and House Number

Zip/Postal Code

Country

Place of Residence

Phone Number

Mobile Number

Email

Place of Birth

Date of Birth

Nationality

Shirt Size

S

M

L

XL

Shoe Size

Names of Guardians

Emails Addresses of Guardians

Address of Guardians

(If different from your address)

## Education and Special Knowledge

### Education

Secondary School

Middle School

High School

University Student

Date of last day of school

### Professional Training

### Hobbies

### Additional Knowledge

Computer

Handiwork Talents

Foreign Language/s

Other

### Special Qualifications / Certificates or Training

First Aid pass

Drivers License class

Other

Did you have / do you have in any way a responsible position in school, occupation, association, municipality or the church

## Health

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Do you have a chronic illness or health problems that require special medical or therapeutic attention and help or regular medication?

No       Yes:

Do you have any physical disabilities or limitations that interfere with practical work or employment in certain professions?

No       Yes:

Do you have any learning disabilities? (dyslexia, lack of concentration etc.)

No       Yes:

Have you ever been treated for psychological or emotional issues or been under pastoral care?

No       Yes:

Have you been, or are you suicidal?

No       Yes:

Do you have any allergies?

No       Yes:

Are you vegetarian?

No       Yes:

Do you have any food intolerances or need a special diet for medical reasons?

No       Yes:

Do you or have you had any eating disorders in the past?

No       Yes:

Have you consumed alcohol, nicotine, or drugs in the past?

No

Yes:

Are you physically or mentally dependent on anything (like nicotine, alcohol, drugs, medicines, etc.)?

No

Yes:

## Tabular CV

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## References

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To get to know you a little better, please give us name, address, e-mail address and phone number of each person: 1. Your family (at least 10 years older) 2. Your circle of friends, which provide a reference to your person. Please inform these persons that they agree that we ask for this information about you.

Family

Circle of Friends

## Anything other we should know.

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## Note

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From now on you will receive all important information about your application process by email. That's why we ask you to check your email frequently

## Declaration of Applicant

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By signing, I declare that I have answered the questions truthfully.

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Date, Place

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Signature of Applicant

## Attachments:

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Copy of last school report  
Tabular CV