Your Name

*Attach your photo here*

**Date of Birth**:  *Please write your date of birth (mm/dd/yyyy) (delete when filling-in the form)*

**Address**: *Please write your address (delete when filling-in the form)*

**Phone Number**: *Please write your phone number (delete when filling-in the form)*

**Email address**: *Please write your e-mail address (delete when filling-in the form)*

**Skype ID**: *Please write your Skype ID(delete when filling-in the form)*

**Program Availability** – *start date (mm/dd/yyyy) - end date (mm/dd/yyyy) (delete when filling-in the form)*

**YouTube video**: *Please write the link to your introduction here, if any (max 5 min)*

Personal Profile

* **Who I am?**

*Please briefly explain your objective here - 2 lines only (delete when filling-in the form)*

* **Why am I participating in the Summer Work Travel Program?**

*Please briefly explain your objective here - 2 lines only (delete when filling-in the form)*

* **My main qualities and abilities**

*Please briefly explain your objective here - 2 lines only (delete when filling-in the form)*

Education

**School Name**: *Please write your university name here (delete when filling-in the form)*

School City, State: *Please write your university location here (delete when filling-in the form)*

**Degree Expected:** *Please write the name of your degree her (delete when filling-in the form)*

Degree Expected Date *(mm/dd/yyyy)*: *Please write the graduation date here (delete when filling-in the form)*

**School Name**: *Please write your university name here (delete when filling-in the form)*

School City, State: *Please write your university location here (delete when filling-in the form)*

**Degree Expected:** *Please write the name of your degree her (delete when filling-in the form)*

Degree Expected Date *(mm/dd/yyyy)*: *Please write the graduation date here (delete when filling-in the form)*

Experience

Professional Experience

Company Name: *Please write the company name here (delete when filling-in the form)*

**Position**: *Please write your position title here (delete when filling-in the form)*

Dates of Employment: *start date (mm/dd/yyyy) - end date (mm/dd/yyyy) (delete when filling-in the form)*

* *Please write the job description and responsibilities here - 1 line only (delete when filling-in the form)*

Professional Experience

Company Name: *Please write the company name here (delete when filling-in the form)*

**Position**: *Please write your position title here (delete when filling-in the form)*

Dates of Employment: *start date (mm/dd/yyyy) - end date (mm/dd/yyyy) (delete when filling-in the form)*

* *Please write the job description and responsibilities here - 1 line only (delete when filling-in the form)*

Internship

Company Name: *Please write the company name here (delete when filling-in the form)*

Dates: *start date (mm/dd/yyyy) - end date (mm/dd/yyyy) (delete when filling-in the form)*

* *Please write the job description and responsibilities here (1 line only) (delete when filling-in the form)*

Activities

* **Languages and level** *(Basic, Intermediate or Advanced): Language- Level; etc (example English-Basic) (delete when filling-in the form)*
* Sports, clubs: *Please briefly describe here(delete when filling-in the form)*
* Hobbies: *Please briefly describe here(delete when filling-in the form)*

*Attach a representative photo of your world here (school, family, friends or travelling)*

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