



## APPLICATION FORM Denmark

| Personal Information                                                 |                  |       |                             |            |      |
|----------------------------------------------------------------------|------------------|-------|-----------------------------|------------|------|
| First Name:                                                          |                  |       |                             |            |      |
| Last Name:                                                           |                  |       |                             |            |      |
| Address:                                                             |                  |       |                             |            |      |
| Home phone number:                                                   |                  |       |                             |            |      |
| Mobile phone number:                                                 |                  |       |                             |            |      |
| E-mail:                                                              |                  |       |                             |            |      |
| Date Of Birth:                                                       |                  |       |                             |            |      |
| Sex:                                                                 |                  |       |                             |            |      |
| Marital Status:                                                      |                  |       |                             |            |      |
| Height:                                                              |                  |       |                             |            |      |
| Weight:                                                              |                  |       |                             |            |      |
| Education                                                            |                  |       |                             |            |      |
| (Starting with most recent first –add fields if necessary)           |                  |       |                             |            |      |
| School Name<br>(Address, contact phone or<br>web site if applicable) | General Subjects | Dates | Qualifications and Diplomas |            |      |
|                                                                      |                  |       |                             |            |      |
|                                                                      |                  |       |                             |            |      |
|                                                                      |                  |       |                             |            |      |
|                                                                      |                  |       |                             |            |      |
| Foreign Languages                                                    |                  |       |                             |            |      |
|                                                                      | Fluent           | Good  | Intermediate                | Elementary | None |
| English                                                              |                  |       |                             |            |      |
| German                                                               |                  |       |                             |            |      |
| Italian                                                              |                  |       |                             |            |      |
| Spanish                                                              |                  |       |                             |            |      |
| French                                                               |                  |       |                             |            |      |
| Greek                                                                |                  |       |                             |            |      |
| Russian                                                              |                  |       |                             |            |      |
| Other                                                                |                  |       |                             |            |      |

**Work and Training Experience**  
(Starting with most recent first –add fields if necessary)

| Name of Employer or Company (address and contact phone number)  | Position | Duties | Dates |
|-----------------------------------------------------------------|----------|--------|-------|
|                                                                 |          |        |       |
|                                                                 |          |        |       |
|                                                                 |          |        |       |
| <b>Additional Information</b>                                   |          |        |       |
| Available from:                                                 |          |        |       |
| Available till:                                                 |          |        |       |
| Preferred countries:                                            | 1.       | 2.     | 3.    |
| Position applied for:                                           | 1.       | 2.     | 3.    |
| Do you smoke?                                                   |          |        |       |
| Do you have any allergies?                                      |          |        |       |
| Do you have driving licence?                                    |          |        |       |
| Interests:                                                      |          |        |       |
| Hobbies:                                                        |          |        |       |
| Other useful information:<br>(I prefer to travel and work with) |          |        |       |
| Date of application:                                            |          |        |       |

**Please attach one passport-sized and one full-body photo.**

|                                                                                                                                                                                                                   |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>USTRavel TIMISOARA</b><br/>Adresa<br/>Str Lascar Catargiu , Nr.2 , Bl.15<br/>Sc. B, Et. 1 , Ap. 13<br/>Telefon 0356/174.313<br/>0721/275.501<br/>E-mail: inscrieri@ustravel.ro</p>                          | <p><b>USTRavel IASI</b><br/>Adresa<br/>str. Toma Cosma, nr.5,<br/>Caminul de Antibiotice, cam. 16<br/>Telefon 0332/428.102<br/>0771/455.061<br/>E-mail: iasi@ustravel.ro</p> |
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