

Date:....

APPLICATION FORM Work and Travel USA



Please use CAPITAL letters

LAST NAME	MOBILE PHONE
FIRST NAME	EMAIL 1
DATE OF BIRTH / / (dd/mm/rrrr)	EMAIL 2
COUNTRY OF BIRTH	SKYPE ID
CITY OF BIRTH	
PERSONAL ID	PASSPORT
ID NUMBER:	PASSPORT NR:
Type of document:	EXPIRY DATE: / / (must be valid 6 months after return)
PERMANENT ADDRESS	MAILING ADDRESS same as permanent
STREET/NR:	STREET/NR:
CITY:	CITY:
POSTAL CODE/ COUNTRY:	POSTAL CODE/ COUNTRY:
PHONE NUMBER:	PHONE NUMBER:
CONTACT PERSON DURING THE PROGRAM (EMERGENCY CONTACT)	
LAST NAME:	STREET/NR:
FIRST NAME:	CITY:
RELATIONSHIP:	POSTAL CODE/ COUNTRY:
PHONE:	EMAIL:
COLLEGE	INIIVED CTV
COLLEGE/ UNIVERSTY NAME:	
FIELD OF STUDIES:	
ADDRESS:	YEAR OF STUDIES:
CITY:	GRADUATION DATE: / / (dd/mm/rrrr)
	(approximate)
Have you ever participated in the Work and Travel USA Program?	Were you ever denied an american visa? no yes
Will you be continuing your studies when you return?	Jaką Opcję Programu WAT wybierasz?
	Option A Option B
□ _{no} □ _{yes}	You must submit the Job Offer, Worker's Compensation, Business License
Flight ticket: BTC purchase independent	Preferred dates of employment in USA : from: / dd/mm/ to: / dd/mm/
What is your main reason for taking part in the WAT Program: English improvement USA tourism fun	earnings other
How did you learn about BTC? posters friends	internet other
List the names of friends you want to work with at the same employer (max. 3)	
* I DECLARE THAT I AM IN POSESSION (OR WILL BE BEFORE VISA INTERVIEW) OF A POLISH RESIDENT CARD/VISA WHICH IS VALID A LEAST UNTIL THE WORK AND TRAVEL USA PROGRAM END DATE.	
I agree that my personal data will be processed by BTC for the Work and Travel USA Program purposes (in accordance with EU regulations).	
☐ I agree to have my personal data (email address) processed by BTC to receive marketing information regarding it's services and products.	
-5	and production

Signature: