

INTERNSHIP APPLICATION FORM

To be completed in English. Please type or print in block letters using black ink or black ball point pen.

EGO Internship Title:

APPLICANT INFORMATION

Surname	Name	Sex -----
Permanent Address		
Present Address		
Phone No.	E-mail Address	
Date of Birth	Town of Birth	
Nationality(ies)	Country	
Are you a European citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, do you have a Permit of Stay in Italy? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Permit of Stay No.	Release Date	Expiry Date
Driving Licence No.	Do you have a car? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION

Secondary Education		Address
From	To	Qualifications obtained
College/University		Address

From	To	Qualifications obtained
College University		Address
From	To	Qualifications obtained

LANGUAGES

Mother tongue:

To indicate level of your language knowledge
* (see explanation below)

Reading

Writing

Speaking

For languages other than your mother tongue, enter appropriate code

VG

GOOD

FAIR

VG

GOOD

FAIR

VG

GOOD

FAIR

* FAIR = Limited conversation, reading of newspapers, routine correspondence
GOOD = Engage freely in discussions, read and write more difficult material
VG = Speak, read and write nearly as well as mother tongue

DISCLAIMER AND SIGNATURE

I hereby solemnly declare that:

- the statements in this application are true and complete;
- I understand that any false statement or omission on my part, even if unintended, may lead to the rejection or cancellation of my application or termination of my internship;
- I declare that I have never been convicted of any criminal offence nor am I being currently charged with any offence;
- I authorize the EGO Consortium to process my personal information in accordance with Italian Law 675/96.

Date _____

Signature _____

This form must be completed, saved in PDF format, and returned only by e-mail to jobs@ego-gw.it