



TALENT MOBILITY

Intern/Trainee Application Form

PERSONAL INFORMATION

Last Name: _____

First Name (as in passport): _____

Middle Name: _____

Street Address: _____

City: _____ Zip Code: _____ Country: _____

Front door entry code "port kod" (if any): _____

Telephone Number: _____

Mobile Number: _____

Email Address: _____

Alternate E-mail Address (if any): _____

Date of Birth (mm/dd/yyyy) City of Birth (as in passport): _____

Citizen of country: _____

Permanent Resident of Country: _____

Present Occupation: _____

HOST COMPANY INFORMATION

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____

SACC-USA

House of Sweden 2900 K Street NW,
Suite 401, Washington, D.C, 20007
WWW.SACC-USA.ORG

Telephone No: _____

Email Address: _____

DATES

Dates of Training: _____ (mm/dd/yyyy-mm/dd/yyyy)

Approximate dates of stay in the U.S.: _____ (mm/dd/yyyy-mm/dd/yyyy)

Are you currently in the U.S. or have you been in the U.S. on a visa other than B-1 or visa waiver within the past 90 days?

- No
- Yes, date of departure/Anticipated date of departure: _____

Purpose of Visit: _____

If you are currently in the U.S. please submit copy of your I-94 form.

Have you ever been to the U.S. on a J-1 visa in the category Intern?

- No
- Yes, approximate dates: _____ (mm/dd/yyyy- mm/dd/yyyy)

Have you been to the U.S. on a J-1 visa in the category Trainee within the past two years?

- No
- Yes, approximate dates: _____ (mm/dd/yyyy- mm/dd/yyyy)

EDUCATIONAL STATUS

Are you currently enrolled in and pursuing studies at a degree or certificate-granting postsecondary (eftergymnasial) academic institution outside the U.S.?

- No
- Yes

Name of current educational institution: _____

Date degree expected: _____ (mm/dd/yyyy)

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Level of expected degree:

- Bachelors
- Masters

Other, explain: _____

Did you graduate from an educational institution as described above within the past 12 months?

- No
- Yes

Name of educational institution: _____

Date degree awarded (date on diploma): _____ (mm/dd/yyyy)

Level of degree received:

- Bachelors
- Masters

Other, explain: _____

Did you graduate from an educational institution as described above more than 12 months ago?

- No
- Yes

Name of educational institution: _____

Date degree awarded (date on diploma): _____ (mm/dd/yyyy)

Level of degree received:

- Bachelors
- Masters

Other, explain: _____

Number of years of experience in occupational field:

- < 1 year
- > 1 year
- > 5 years

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FUNDING

- Stipend from Host Company, per month: _____
- Personal savings/Sponsoring family, per training period: _____
- Funding from the U.S. government or your own government (such as student loan)

Describe and state amount: _____

Other, describe and state amount: _____

TWO CONTACT REFERENCES

The Department of State requires contact information for two individuals who can be contacted as references for you. These individuals could be current or former professors, current or former employers, or representatives from organizations you have volunteered for. The referee should be capable of describing you as a person and explaining how the proposed traineeship will complement your studies and benefit your future career. Please provide a summary of their name, phone number, address, and email address.

REFERENCE 1

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

REFERENCE 2

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Signature: _____ Date: _____ (mm/dd/yyyy)

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