



## Internship and Professional Training Program

Please type or print neatly in black ink, and make (X) in box, where appropriate. ALL questions must be completed. Incomplete applications will NOT be considered.

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Family Name		First Name	Middle Initial	Date of Birth mm/ dd/ yy
Present Address				
City	Postal code	Country	Telephone (city code/phone number)	
Street Address (where documentation should be sent if different from above)				
City	Postal code	Country	Telephone (city code/phone number)	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		E-mail Address

Your City of Birth	Your Country of Birth	Your Country of Legal Permanent Residency	Country Issuing Passport	
Educational institution attended or Presently attending:		Are you currently Full-time student?	Field of Graduation	GPA point
Advance course work completed:			Graduation Date mm/dd/yy	
Present Employer:		Current position	Date started work mm/dd/yy	
Company Street Address:				
Job Descriptions:				
City	Postal code	Country	Telephone (city code/phone number)	
Please choose your fields and industries of interest, keeping in mind you must have previous experience and/or classroom studies in your field of interest.*				
<input type="checkbox"/> Advertising/ Marketing/ Sales	<input type="checkbox"/> Arts Administration	<input type="checkbox"/> Architecture/Design		
<input type="checkbox"/> Business Management	<input type="checkbox"/> Engineering	<input type="checkbox"/> Finance/Accounting/Economics		
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Hotel/Hospitality	<input type="checkbox"/> Human Resources/Personnel		



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<input type="checkbox"/> Insurance	<input type="checkbox"/> International Trade	<input type="checkbox"/> Internet	<input type="checkbox"/> Law
<input type="checkbox"/> IT/Computer Science/Software	<input type="checkbox"/> Media/Journalism/Publishing	<input type="checkbox"/> Non-Profit Management	
<input type="checkbox"/> Public Administration	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Real Estate	
<input type="checkbox"/> Restaurant <input type="checkbox"/> Retail	<input type="checkbox"/> Science	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Tourism & Travel

If your field is not listed above, please include it here as well:

Please provide specific information on the field/industry you are looking for and the skills you want to develop:

Would you accept an unpaid placement? \*       Yes     No

Requested arrival date in USA: training: (mm/dd/yy)	Requested start date for (mm/dd/yy)	Requested length of training program: _____ months
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Have you ever been in the USA?       Yes     No  
 If yes when? \_\_\_\_\_ On what visa did you enter the US? \_\_\_\_\_ Name program  
 sponsor \_\_\_\_\_ How long? \_\_\_\_\_  
 Agency in Thailand \_\_\_\_\_

If you are applying for the Self-Arrange Training Program, state the name, address and telephone number of the employer and contact person:

Do you have offering letter from this employer?       Yes     No

Do you have English Test?     TOEFL \_\_\_\_\_     IELTS \_\_\_\_\_     TOEIC \_\_\_\_\_

**ALL PARTICIPANTS IN THIS PROGRAM MUST BE COVERED BY ACCIDENT AND HEALTH INSURANCE FOR THE LENGTH OF THEIR INVOLVEMENT IN THE PROGRAM AND STAY IN THE UNITED STATES.**

I have read the program offering in full and agree to the terms and conditions established therein. I have enclosed, or will provide upon request any supporting references or documentation. I hereby certify that the information herein is true and accurate to the best of my knowledge.

    

**Date mm/dd/yy**      **APPLICANT'S SIGNATURE**



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