



TRAINEE PROGRAM

The Swedish-American Chambers of Commerce of the United States of America, Inc.

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

E-mail 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:

Telephone No:

E-mail 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 post-secondary (eftergymnasial) academic institution outside the U.S.?

No. **Yes.**

Name of current educational institution:

Date degree expected: (mm/dd/yyyy)

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

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:

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

SACC-USA

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