

Application for Business Internship Program

Student Information

Student Name: _____
 First Middle Last

Gender: ☐ Male ☐ Female Birth Date: ____/____/____
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Home Address: _____
 Street City Zip Code

 State Country

Home Phone: _____ Cell phone: _____

Email address: _____ Skype ID: _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Legal Residence: _____

Emergency Contact: _____
 First Name Last Name Relationship

Email address Home Phone Cell Phone

Have you participated in a J1 Internship/Training Program before: ☐ Yes ☐ No

How did you hear about Intrax: _____

Educational Background

English Level: _____ Result from the online English test www.testpodium.com Level 2, free of charge

University Students: Field of Study: _____ Years of Study: _____

Graduation Date: _____

Professionals: Field of Industry: _____ Years of Experience: _____

Internship Information

Earliest Start Date: _____ Latest End Date: _____

Internship Duration: _____ Desired Location: _____

Desired Internship Field: _____

Work Experience:

Language Course before Internship: ☐ Yes ☐ No

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Intrax France est sous la responsabilité du bureau Intrax européen appelé Ayusa-Intrax GmbH

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