



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)

