# Internship Application Form

Please fill out only after reading about Internship conditions, at "http://wasns.org/rubrique259.html"

Please send the form by email to: howard@nswas.info

You may telephone +972 2 9912222 or write for further information.

Howard Shippin,  
Intern Recruitment

|  |  |
| --- | --- |
| Name |  |
| Personal name |  |
| Family name |  |
| Middle initial |  |
| Gender |  |
| Address information |  |
| Street address |  |
| Address (cont.) |  |
| City |  |
| State/Province |  |
| Zip/Postal code |  |
| Country |  |
| Work Phone |  |
| Home Phone |  |
| Mobile/Cell Phone |  |
| FAX |  |
| E-mail |  |

## Address of any relatives or friends in Israel

|  |  |
| --- | --- |
| Care of |  |
| Street address |  |
| Address (cont.) |  |
| City |  |
| Zip/Postal code |  |

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth (dd/mm/yy) | |  | |
| Passport Number | |  | |
| Marital status | |  | |
| Education level | |  | |
| Languages | |  | |
| Work experience | |  | |
| Main reasons for wishing to be an intern in WASNS | |  | |
| Health problems (please explain) |  | | |
| Do you have a valid driver's license? (This is useful for us to know) | | | |
| Period in months that you have had a driver's license: | | | |
| The period you would like to be an intern from: | | | |
| From (dd/mm/yy) | | | To (dd/mm/yy) |
| Alternative dates: | | | |
| From (dd/mm/yy) | | | To (dd/mm/yy) |

I confirm the above personal details.  I have read and agree to the conditions for working as an intern, as described at "http://wasns.org/rubrique259.html"

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_