

## Application Form for Summer Employment 2010

Please complete **(CAPITAL LETTERS)** this application form and return it to us.

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Nationality: \_\_\_\_\_

Photo

**Between which dates would you definitely be available to work?**

**Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

Which languages do you speak and how well?

- ENGLISH
- SPANISH
- FRENCH
- OTHERS \_\_\_\_\_

Have you worked for us before?

Where? \_\_\_\_\_

When? \_\_\_\_\_

**How did you get to know about IP?**

\_\_\_\_\_

Your address: (all mail will be sent to this address)

Street \_\_\_\_\_

Town \_\_\_\_\_

Post Code \_\_\_\_\_ Country \_\_\_\_\_

Phone 1. \_\_\_\_\_ 2. \_\_\_\_\_

Email \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

**Which position are you interested in?**

|   |  |
|---|--|
| <input type="checkbox"/> <b>IP Centre Manager (CM)</b> (whole summer)                           | <input type="checkbox"/> as Internship |
| <input type="checkbox"/> <b>IP Centre Administrator (CA)</b> (whole summer)                     | <input type="checkbox"/> as Internship |
| <input type="checkbox"/> <b>IP Programme Organizer (PRO)</b> (whole summer)                     | <input type="checkbox"/> as Internship |
| <input type="checkbox"/> <b>IP Supervisor Sports (SUS)</b> (min. 2 weeks)                       | <input type="checkbox"/> as Internship |
| <input type="checkbox"/> <b>IP Supervisor Arts (SUA)</b> (min. 2 weeks)                         | <input type="checkbox"/> as Internship |
| <input type="checkbox"/> <b>IP Activity Teacher (AT)</b> (native speakers English and German)   |  |
| <input type="checkbox"/> <b>IP Lead Teacher (LT)</b> (native speakers English, French, Spanish) |  |

Have you ever travelled by plane?    [ ]    [ ]    \_\_\_\_\_

**Qualifications & Certificates:** (please enclose a photocopy which we will keep on file)

|                                | Yes | No  | Date: |
|--------------------------------|-----|-----|-------|
| First Aid Certificate          | [ ] | [ ] | _____ |
| Driving Licence                | [ ] | [ ] | _____ |
| Public Service Vehicle License | [ ] | [ ] | _____ |
| Lifeguard Qualification        | [ ] | [ ] | _____ |
| Teaching Qualification         | [ ] | [ ] | _____ |

Your Name \_\_\_\_\_

**Education:**

**Employment History:**

| Date | School / University / College attended | Qualification / Grade | Dates | Position / Responsibilities |
|------|--|-----------------------|-------|-----------------------------|
|      |  |                       |       |                             |
|      |  |                       |       |                             |
|      |  |                       |       |                             |
|      |  |                       |       |                             |

**Please attach complete CV if there is not enough space! As IP Activity Teacher or IP Lead Teacher please attach your teaching certificates.**

**How are you in these skills???**

|             | bad                      | ok                       | good                     | instructor level         |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sports      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dancing     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Animation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DJ          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Theatre     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arts        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Computer    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Clothes Size  S  M  L  XL  
(For T-shirt/Sweatshirt)

**Why would you like to work in an IP centre / for IP?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you think you are the right person for this job?** \_\_\_\_\_

\_\_\_\_\_

**What are your strengths?** \_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to complete this form, please return it to:

IP International Projects GmbH  
"I want this job"  
Martinistr. 60  
28195 Bremen  
Germany

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fax: +49 - 421-79258 - 20  
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website: [www.internationalprojects.com](http://www.internationalprojects.com)