

## **APPLICATION TO STAGIAIRES PROGRAMM SUMMER 2024**

Family Name:	F	First Name:	
ZIP / City:			
Country:			

Use maximal 30 minutes to fill in this application form. Boxes that require an answer are marked respectively.

# EDUCATION / EXPERIENCE

City / Country of School:

#### PRACITCAL WORK EXPERIENCE

Company / Location / Country	Duration in weeks	Position / Tasks	

#### LANGUAGE SKILLS

Mother Tongue .....

Further Languages	Years practise	Al	A2	B1	higher
German					
English					
French					
Italian					

Classes in □ German / □ English



## YOUR PERSONALITY

How do you spend your leasure? What are your hobbies? Do you make sports?

What are you particularly good at? Which strengths of yours would your friends mention for sure?

What are you struggling with? Which of your weaknesses your friends would mention for sure?

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Which goals do you have for the next 5 - 10 years?

What whould you like to experience for sure in your life?



## YOUR WORK EXPERIENCE

Do you have work experience in a hotel or restaurant? Describe the tasks you have done there?

Which jobs in a hotel or restaurant do you like most (if you never worked in a hotel or restaurant, please write, what you think you like most)

Why would you like to make an internship in Switzerland?

What do you know already about Switzerland?

Why should we choose you and not your colleagues? What are you better in than these?

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## YOUR WORKPLACE

What do you need to feel good in the internship / at work?

At work:

In the environment of the hotel / restaurant:

What should your internship company know about you?

Your personality:

Your work attitude:

Your professional and personal goals:

Do you have allergies or other medical challenges, we or your internship company should know?

Do you eat vegetarian/vegan? □ yes □ no

#### Is there anything you would like to tell us?