



HOTEL INTERNSHIP APPLICATION FORM

Personal Information: Full Name: _____

Sex: ☐ Male ☐ Female Age: _____

Contact Information: Phone Number: _____

Email Address: _____

Academic Information: Field of Study: _____

University/Institution: _____ Year of Study: _____

Language Proficiency: English Proficiency: ☐ Basic ☐ Intermediate ☐ Advanced ☐ Fluent
Other Spoken Languages (Please specify and indicate proficiency level):

Preferred Department: (Please select one or more options)

- ☐ Restaurant
- ☐ Kitchen
- ☐ Reception
- ☐ Maintenance
- ☐ Spa
- ☐ Housekeeping

Internship Duration: Preferred Duration (in months): _____ Available Start Date: _____
/ ____ / _____

Additional Information: (Any relevant skills, experiences, or motivations for applying)

Declaration: I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: ____ / ____ / _____