

# Application for International Services



Name of Applicant: \_\_\_\_\_  
(Last/First/Middle)

Date of Application: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

Professional Background			
Current position or title _____	Length of time in current position _____		
Main area of expertise _____	Secondary expertise _____		
Current employer/TH affiliation _____			
Employer address _____			
City _____	State _____	Zip Code _____	E-mail _____
Telephone _____	Fax _____		

Personal Data			
Street address _____			
City _____	State _____	Zip Code _____	E-mail _____
Telephone _____	Fax _____	Social Security No. _____	
Citizenship _____		Spouse's Name (if applicable) _____	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth _____	Place of Birth _____	

Education/Training Background	
Highest level of formal education completed (check one) <input type="checkbox"/> High School    College: <input type="checkbox"/> 2 years <input type="checkbox"/> 4 years <input type="checkbox"/> 6 years <input type="checkbox"/> 8 years <input type="checkbox"/> Other _____	
Highest Degree Attained: _____	<b>Note: Physicians need to complete medical staff membership application.</b>
Name of Institution: _____	
City, State, Country of Institution _____	
Professional, technical or other training completed _____	
List any special skills you have _____	
_____	

Languages				
Please list languages you speak other than English				
Language	Read: Yes/No	Write: Yes/No	Speak Fluently: Yes/No	Speak to Some Degree: Yes/No

**International Travel Experience**

Have you ever traveled overseas:  yes  no

Country/Countries Traveled In and Dates of Travel

**Previous International Experience**

Have you ever worked overseas:  yes  no

Country Served In	Dates of Service	Sponsoring Agency	Type of Work

**Desired International Service**

Please list preferred countries where you would like to serve:  no preference

Please list any countries in which you DO NOT wish to serve:

Please check the maximum length of time you would consider for overseas service:

1 week  2 weeks  30 days  60 days  90 days  Other \_\_\_\_\_

Earliest date available for assignments: \_\_\_\_\_

Do you possess a valid passport:  yes  no

**Compensation**

What type of financial support would you require for an international assignment (check more than one if appropriate):\*

- My full salary and full expenses
- Expenses only, no salary
- Airfare only, no salary or other expenses
- Living expenses only, no airfare or salary
- I would serve as a full volunteer at my own expenses
- Other: \_\_\_\_\_

\* Please note, THI tries to obtain full financial support for staff whenever possible.

I understand that any deliberate falsification of information provided in response to this application will be just cause for dismissal from project participation. I give permission to THI to use my resume in potential project proposals. (This permission does not commit you to participation in any project.)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**General Information/Instructions:**

Only Trinity Health employees, retirees, foreign service club members and other affiliates (i.e., physicians) are eligible for Trinity Health International assignments. Please return this completed form and a copy of your resume to:

Trinity Health International  
 34605 Twelve Mile Road  
 Farmington Hills, MI 48331-3221  
 248.489.6100  
 248.489.6102 fax