

PERSONAL INFORMATION

NAME

CURRENT ADDRESS 1

CURRENT ADDRESS 2

CITY

STATE

ZIP CODE

COUNTRY

PHONE NUMBER

EMAIL

PERMANENT PHONE NUMBER (through July 17)

PERMANENT EMAIL (through July 17)

WHICH SESSION ARE YOU APPLYING FOR?

Full Season, June 7 - July 17

Half Season, June 7- June 26

Half Season, June 28 - July 17

Full Season, June 7 - July 17, with Harvard Summer School Credit

PERSONAL HISTORY

AGE

SEX

HEIGHT

WEIGHT

OCCUPATION/FIELD OF STUDY

MEDICAL INSURANCE: Each member of the excavation **MUST** have current medical insurance coverage **WHICH IS VALID FOR ISRAEL**. Please check with your insurance company to confirm that your policy will cover you during your stay in Israel.

INSURER

POLICY NUMBER

WHAT IS YOUR BLOOD TYPE?

WHAT IS THE OVERALL STATUS OF YOUR HEALTH?

NAME OF PERSONAL PHYSICIAN

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

PHONE NUMBER

EMAIL

PLEASE DESCRIBE ANY ALLERGIES OR HEALTH PROBLEMS

EDUCATIONAL BACKGROUND

INSTITUTION

DATES ATTENDED

DEGREES

FIELDS OF STUDY

INSTITUTION

DATES ATTENDED

DEGREES

FIELDS OF STUDY

OCCUPATIONAL BACKGROUND (List Last Two Employers):

EMPLOYER

EMPLOYER CONTACT INFORMATION

TYPE OF WORK

DATES OF EMPLOYMENT

EMPLOYER

EMPLOYER CONTACT INFORMATION

TYPE OF WORK

DATES OF EMPLOYMENT

FOREIGN EXPERIENCE

Give countries and reasons for travel (tourist, study, military service, etc.)

What languages do you speak? _____

ARCHAEOLOGICAL EXPERIENCE

ACADEMIC: What courses have you taken in archaeology? Briefly describe.

FIELD: Briefly describe any past experience in archaeological excavations. Where possible include sites, names of principal investigators and dates of participation.

SKILLS: Indicate what experience you have had in drafting, surveying, pottery, photography, use of heavy construction equipment, first aid, and computer skills.

REFERENCES (Phone number and email required)

NAME

TITLE

PHONE NUMBER

EMAIL

NAME

TITLE

PHONE NUMBER

EMAIL