

# **U.S. MISSIONS VIENNA**

## **Foreign National Internship Program**



## **Application Form**

# U.S. MISSIONS VIENNA APPLICATION FOR FOREIGN NATIONAL INTERNSHIP

INSTRUCTIONS: Please answer fully and completely, type or print. If more space is needed for an answer, use the space provided on page 3 or provide an extra sheet.

## 1. PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE
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PRESENT ADDRESS

TELEPHONE NUMBER AND E-MAIL ADDRESS

YOUR CURRENT CITIZENSHIP	OTHER OR PREVIOUS CITIZENSHIPS
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## 2. DATES PROPOSED FOR THE INTERNSHIP

FROM:

TO:

## 3. YOUR CURRENT STUDIES

NAME AND LOCATION OF EDUCATIONAL INSTITUTION	ENROLLED SINCE	MAJOR

## 4. EDUCATION (please include high school/Gymnasium and studies)

NAME AND LOCATION OF EDUCATIONAL INSTITUTION	DATES		DEGREE	MAJOR SUBJECTS
	FROM	TO		

**5. ADDITIONAL EDUCATION INFORMATION**

SCHOLARSHIPS OR ACADEMIC DISTINCTIONS	PUBLICATIONS
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**6. LANGUAGES (name and indicate the extend of your competence)**

LANGUAGE	SPEAK / UNDERSTAND			READ / WRITE		
	FAIR	GOOD	EXCELLENT	FAIR	GOOD	EXCELLENT

**7. COMPUTER SKILLS (list programs that you are familiar with)**

PROGRAM	LITERACY		
	BASIC	INTER-MEDIATE	ADVANCED

**8. EMPLOYMENT (begin with your last or current job, including internships)**

DATES OF EMPLOYMENT (month/year, from-to)	EXACT TITLE OF YOUR POSITION
NAME AND FULL ADDRESS OF EMPLOYER	DUTIES
	NAME OF THE IMMEDIATE SUPERVISOR
DATES OF EMPLOYMENT (month/year, from-to)	EXACT TITLE OF YOUR POSITION
NAME AND FULL ADDRESS OF EMPLOYER	DUTIES
	NAME OF THE IMMEDIATE SUPERVISOR
DATES OF EMPLOYMENT (month/year, from-to)	EXACT TITLE OF YOUR POSITION

NAME AND FULL ADDRESS OF EMPLOYER	DUTIES
	NAME OF THE IMMEDIATE SUPERVISOR

**9. INSURANCE**

I HEREBY CONFIRM I HOLD A HEALTH INSURANCE POLICY (YES/NO)

NAME OF SOCIAL INSURANCE OR COMPANY NAME

COMPANY ADDRESS

SOCIAL INSURANCE NUMBER (VERSICHERUNGSNUMMER) OR POLICY NUMBER

**10. SPACE FOR DETAILED ANSWERS**

USE THIS SPACE FOR DETAILED ANSWERS. NUMBER YOUR ANSWERS TO CORRESPOND WITH QUESTIONS. ADD ANY INFORMATION, WHICH WAS NOT COVERED ABOVE. USE ADDITIONAL PAGES IF NECESSARY.

**CERTIFICATION**

I HEREWITH CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE