U.S. MISSION SOFIA

APPLICATION FOR FOREIGN NATIONAL

STUDENT INTERN PROGRAM

1. POSITION No/TITLE_____

2. FULL NAME: _____

LAST (SURNAME) **FIRST** **MIDDLE**

3. PRESENT ADDRESS AND TELEPHONE NUMBER (E-Mail, if available):

_____

_____

_____

4. How did you learn about this program? ☐ Ad ☐ Employee ☐ Relative ☐ University/School ☐ **Other (Please Specify)** _____

5. Do you have any relatives that work for the Embassy/Consulate: If yes, please list name, department where they work and how long they have been employed?

_____

_____

6. CURRENT CITIZENSHIP: _____

7. U.S. CITIZENSHIP: Do you have any claim to U.S. citizenship? **YES** _____ **NO** _____

8. UNIVERSITY/SCHOOL/EDUCATIONAL INSTITUTION:

For each institution you have attended, provide the following information in the space below. Begin with your present school and work backwards. Use continuation sheets as necessary. Name and full address of current institution:

_____

_____

Name, title and telephone number of instructor:

_____

Dates Attended (Month/Year) _____Diploma/Degree/Certificate: _____

Date Received: _____Major Field of Study: _____

9. LANGUAGES: (Identify the language and indicate extent of your competence for each:

5 = fluent; 3 = good; 1 = fair; 0 = not at all)

LANGUAGE	SPEAK	READ	WRITE	UNDERSTAND
English _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. SPECIAL QUALIFICATIONS AND SKILLS:

List any special skills you possess and equipment you can use, certifications, licenses obtained, etc.

_____

_____

_____

11. TRAINING RECEIVED:

List training received in areas applicable to the internship position in which you are applying.

_____

_____

12. EMPLOYMENT (if applicable): Begin with your most recent position and work backwards.

A. NAME AND FULL ADDRESS OF EMPLOYER: _____

B. DATES WORKED (month/day/year) : FROM _____ TO _____

C. EXACT TITLE OF POSITION: _____

D. NAME, TITLE, AND TELPHONE NUMBER OF IMMEDIATE SUPERVISOR:

_____

E. DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):

_____

_____

_____

_____

G. NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES YOU SUPERVISED:_____

H. REASON FOR LEAVING: _____

13. HAVE YOU EVER WORKED FOR THE U.S. GOVERNMENT? YES _____ NO ____

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION? YES _____ NO ____

PLEASE EXPLAIN: _____

_____

14. COMPUTER SKILLS

How do you rate your computer skills (please circle): 5 = excellent; 3 = good; 1 = fair; 0 = none

List computer programs in which you have experience.

_____

_____

_____

_____

15. REFERENCES List three persons not related to you by blood or marriage who are qualified to supply definite information regarding your character and suitability for employment under the program. Do NOT include former employers (i.e., supervisors).

NAME	MAILING ADDRESS	TELEPHONE NUMBER	OCCUPATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

16. YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

❑ I understand that any information I give may be investigated and that a false statement may be grounds for no consideration or dismissal of my participation in the Intern Program, if I am selected.

❑ I understand that, if I am provisionally selected, an Embassy-required security certification is a prerequisite.

❑ I understand that, if I am provisionally selected, an Embassy-required medical examination and medical certification is a prerequisite.

❑ I consent to the release of information about my ability and fitness for the Intern Program by employers, schools, law enforcement agencies and other individuals and organizations to Embassy-authorized investigators and personnel.

I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.

_____ _____

Signature Date

CONTINUATION SHEET: ADDITIONAL INFORMATION (if applicable)
****

EMPLOYMENT (if applicable): Begin with your most recent position and work backwards**. Duplicate continuation sheets as needed.**

A. NAME AND FULL ADDRESS OF EMPLOYER: _____

_____

_____

B. DATES WORKED (month/day/year): STARTING FROM _____ TO _____

C. EXACT TITLE OF YOUR POSITION : _____

D. SALARY OR EARNINGS (Indicate if per week, month, year, etc.) :

INITIAL SALARY : _____ per _____ FINAL: _____ per _____

E. NAME, TITLE, AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

_____

F. DESCRIPTION OF WORK (Describe specific duties, responsibilities and accomplishments):

G. NUMBER OF HOURS WORKED PER WEEK : _____ NUMBER OF EMPLOYEES YOU SUPERVISED _____

H. REASON FOR LEAVING _____

CONTINUATION SHEET: ADDITIONAL INFORMATION (if applicable)
****

UNIVERSITY/SCHOOL/EDUCATIONAL INSTITUTION:

For each institution you have attended, provide the following information in the space below. Begin with your present school and work backwards. **Duplicate continuation sheets as necessary.**

Name and full address of current institution:

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Name, title and telephone number of instructor:

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Dates Attended (Month/Year) _____Diploma/Degree/Certificate: _____

Date Received: _____Major Field of Study: _____