

**UNITED STATES DEPARTMENT OF STATE  
GRATUITOUS SERVICE AGREEMENT**

Title 5 Section 3111 of the United States Code authorizes federal agencies to establish programs designed to provide educationally related work assignments for students on a nonpayment basis. You will be hired under such a program.

According to the law, we may only accept your gratuitous service if, the service:

1. is performed by a student, with permission of the institution at which the student is enrolled;
2. is uncompensated; and
3. does not displace any employee.

As a student participating under this program you will not be considered to be a U.S. federal employee for any purposes other than injury compensation or laws related to the Tort Claims Act. Your service is not creditable for leave accrual or any other employee benefits.

This arrangement is subject to termination at any time at the discretion of the Mission. Please sign below acknowledging that you understand the terms under which you will be hired.

**I understand the terms under which I am being hired, including, without limitation, that I will not be compensated for the services that I provide.**

\_\_\_\_\_  
Signature of Intern over printed name

\_\_\_\_\_  
Date





**Embassy, San José**  
**Foreign National Student Internship**  
**Program**



**Application Form**

1. Position For Which You are Applying:

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2. Your full name:

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Last (Surname)

First

Middle

3. Present address and telephone/cellular number (include e-mail address, if available):

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4. How did you learn about this program?

Employee at Embassy    Relative    University

5. Do you have any relatives that work for the Embassy?

If yes, please list names, department where they work and how long they have been employed?

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6. Your Current Citizenship:

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7. 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.

A) Name and full address of current institution:

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B) Name, title and telephone number of institution coordinator:

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C) Dates Attended (Month/Year) \_\_\_\_\_  
Diploma/Degree/Certificate: \_\_\_\_\_

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

4 = fluent; 3 = good; 1 = fair; 0 = not at all

	<b>Speak</b>	<b>Read</b>	<b>Write</b>	<b>Understand</b>
English	_____	_____	_____	_____
Spanish	_____	_____	_____	_____

Other Languages:

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10. Special Qualifications and Skills:

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

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11. Training Received:

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

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

A) Name and address of employer:

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B) Dates worked (month/day/year):

from \_\_\_\_\_ to \_\_\_\_\_

C) Exact title of position: \_\_\_\_\_

D) Name, title, and telephone number of immediate supervisor:

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E) Description of work (Describe specific duties, responsibilities, and accomplishments):

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F) Reason for leaving:

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G) Have you ever been dismissed or forced to resign from a position?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain circumstances:

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13. Have you ever worked for the U.S. Government? YES \_\_\_\_\_ NO \_\_\_\_\_

14. Please list your Computer Skills and rate each skill:

5/excellent; 3/good; 1/fair

List computer programs in which you have experience.

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15. References

List three persons not related to you by blood or marriage qualified to supply definite information regarding your character and suitability for the internship in this program. Do not include former employers (i.e., supervisors).

	Name	E-Mail Address	Cellular #	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

16. SCHEDULE AVAILABILITY (days of the week and times):

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**17. YOU MUST SIGN THIS APPLICATION.**

Read the following carefully before you check and sign.

\_\_\_\_\_ I understand that any information I give may be investigated and that a false statement may be grounds for non-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