



**TRI-MISSION FRANCE**  
**APPLICATION FOR FRENCH NATIONAL**  
**STUDENT INTERN PROGRAM**

1. **Title of Intern Position:** \_\_\_\_\_

2. **FULL NAME:** \_\_\_\_\_

LAST (SURNAME)

FIRST

MIDDLE

3. **PRESENT ADDRESS AND TELEPHONE NUMBER:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **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?

\_\_\_\_\_

5. **CURRENT CITIZENSHIP:** \_\_\_\_\_

6. **U.S. CITIZENSHIP:** Do you have any claim to U.S. citizenship? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

7.

<u>NAME OF EDUCATIONAL INSTITUTIONS</u>	<u>DATES ATTENDED</u> <u>From To</u>	<u>TYPE OF DEGREE OR CERTIFICATE</u>	<u>DATED RECEIVED</u>	<u>MAJOR SUBJECT/FIELD OF STUDY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. **LANGUAGES:** (Identify the language and indicate extent of your competence for each :  
 5 = Native Proficiency; 4 = Advanced; 3 = General; 2 = Limited; 1 = Elementary; 0 = No Proficiency)

<u>LANGUAGE</u>	<u>SPEAK</u>	<u>READ</u>	<u>WRITE</u>	<u>UNDERSTAND</u>
English _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. **SPECIAL QUALIFICATIONS AND SKILLS:**

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

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10. **TRAINING RECEIVED:**

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

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11. **UNIVERSITIES/SCHOOLS ATTENDED:** For each institution you have attended, provide the following information in the space below. Use continuation sheets as needed. Begin with your present school and work backwards.

A. NAME AND FULL ADDRESS OF CURRENT INSTITUTION: \_\_\_\_\_

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B. DATES (month/day/year) : FROM \_\_\_\_\_ TO \_\_\_\_\_

C. NAME, TITLE, AND TELEPHONE NUMBER OF INSTRUCTOR:

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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. SALARY (Indicate if per week, month, year, etc.) :  
INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_ FINAL: \_\_\_\_\_ per \_\_\_\_\_

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

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

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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.

	<b>NAME</b>	<b>MAILING ADDRESS</b>	<b>TELEPHONE NUMBER</b>	<b>OCCUPATION</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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

1. I understand that any information I give may be investigated and that a false statement may be grounds for dismissal of my participation in the Intern Program, if I am selected.
2. I understand that, if I am provisionally selected, Embassy-required security and medical clearances are a prerequisite.
3. 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 staff.
4. I understand that, if I am provisionally selected, I must have my own medical insurance.
5. 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**

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A. NAME AND FULL ADDRESS OF SCHOOL/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 (Employer only) \_\_\_\_\_