



AMERICAN EMBASSY – BUCHAREST, ROMANIA

APPLICATION FOR FOREIGN NATIONAL STUDENT INTERN PROGRAM

Position applied for _____

Applicant's Information

_____ Last Name _____ First Name _____ Middle Name _____

_____ Place and Date of Birth (City, Country mm/dd/yyyy) _____ Romanian Identification Number or Passport _____

Citizenship at Birth _____ Current Citizenship if different from birth _____

U.S. CITIZENSHIP: Do you have any claim to U.S. Citizenship? Yes No

GREEN CARD: Do you a green card? Yes No Number _____

Present Address

Home Phone _____ Cell Phone _____

Other Phone _____

E-mail _____

How did you learn about this position?	<input type="checkbox"/> Ad	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other
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Do you have any relatives (For example: spouse, parent, brother, sister, aunt uncle or a spouse or a brother sister, aunt or uncle, or a cousin, stepfather, stepmother) that work for the Embassy: If yes, please list name, department where they work and how long they have been employed?

Name	Occupation / Place of work	Time of employment	Relationship

If there is someone in the Embassy that you consider a relative but it's not in the example list above (Please explain the relationship)

Name	Occupation / Place of work	Time of employment	Relationship

Education:

If currently studying Field of study _____ Estimated date for completion career? _____



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Detail of Education (Begin with last and work backwards)

Name of Educational Institution	Dates Attended		Degree or Certificate	Major / Field of Study
	From	To		

LANGUAGE:

Mark the extent of your competence in English: 5-Translator; 4-Fluent; 3-Good working knowledge; 2-Limited; 1-Rudimentary; 0-Not at all.

Language	Speak					Read					Write					Understand				
English	<input type="checkbox"/>																			
Other 	<input type="checkbox"/>																			
	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1

NOTE:

Only pre-selected candidates will be required to take an English test to validate this information.

COMPUTER SKILLS: Mark your computer skills:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> None
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List computer programs in which you have experience. Start with those relevant for the position:

TRAINING RECEIVED: (If you need more space please add another paper)

List formal training received required for the position or in areas applicable to the job in which you are applying, in the last two years only.

Name of course/ Training	Place	Duration	Type of certificate

SPECIAL QUALIFICATIONS AND SKILLS:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Automatic Data Processing | <input type="checkbox"/> Cleric., Sec., Off. Adm. | <input type="checkbox"/> Consular | <input type="checkbox"/> Cultural Affairs |
| <input type="checkbox"/> Communicat'n ops & maint | <input type="checkbox"/> Economic & Commercial | <input type="checkbox"/> Engineering | <input type="checkbox"/> Fiscal Administration |
| <input type="checkbox"/> Graphic Arts & Photogr. | <input type="checkbox"/> Health | <input type="checkbox"/> Information (Technology) | <input type="checkbox"/> International Development |
| <input type="checkbox"/> Labor, cust. & gardening | <input type="checkbox"/> Lang. Train. & Translator | <input type="checkbox"/> Legal | <input type="checkbox"/> Library |
| <input type="checkbox"/> Motor veh. Op & maint. | <input type="checkbox"/> Political & Labor | <input type="checkbox"/> Procurement & Supply | <input type="checkbox"/> Program Support |
| <input type="checkbox"/> Reproduction & Printing | <input type="checkbox"/> Science & Technology | <input type="checkbox"/> Security | <input type="checkbox"/> Shipment & Travel |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Marketing | <input type="checkbox"/> Project Management | <input type="checkbox"/> Trades & Crafts |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Real State | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Cash Administration | <input type="checkbox"/> Accounting & Budget | <input type="checkbox"/> Management | <input type="checkbox"/> Maintenance |



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PREVIOUS EXPERIENCE *(If applicable):*

Provide the following information in the space provided. Use continuation sheets as needed. Begin with your present position and work backwards.

Name of Employer							
Type of Company							
Full address of employer						Telephone of the Company	
Exact Title of Position							
Dates worked	From:				To:		
Number or Hours worked per week					Number of employees supervised		
Name, Title of immediate supervisor							
Salary Information	Payment Per	Week	Month	Year	Hour	Initial	Final
Description of Work	(Describe duties, responsibilities, and accomplishments)						
Reason for leaving							

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Type of Company							
Full address of employer						Telephone of the Company	
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Dates worked	From:				To:		
Number or Hours worked per week					Number of employees supervised		
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Salary Information	Payment Per	Week	Month	Year	Hour	Initial	Final
Description of Work	(Describe duties, responsibilities, and accomplishments)						
Reason for leaving							



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OTHER INFORMATION:

Have you ever worked for the U.S. Government?

Yes No

If yes please specified when and where

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

Yes No

If yes please explain

When will you be available to start work?

If currently employed, could we contact your employer for reference?

Yes No

REFERENCES:

List at least three persons not related to you by blood or marriage who are qualified to supply definite information regarding your character and ability to perform job duties.

Name	Occupation	Phone	Cellular/Other	Address or e-mail

NOTES:

1. Use additional black pages for detailed answers or any additional information not covered above which might affect your employment.
2. Read and sign the United States Department of State Gratuitous Service Agreement
3. Complete a Statement of Interest

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

- I understand that, if I am provisionally selected, Embassy-required security and full medical clearances are a prerequisite to continued employment
- I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to Embassy-authorized investigators and Human Resources staff.
- I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.
- 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

Signature

Date of Application



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UNITED STATES DEPARTMENT OF STATE GRATUITOUS SERVICE AGREEMENT

(This form should be maintained in Intern's OPF)

Title 5 Section 3111 of the United States Code authorizes federal agencies to establish programs designated 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) will not displace any employee.

As a student participating under this program you will not be considered to be a 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 benefit.

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.

Signature

Date of Application

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

Date of Application



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Print Name (*Last, First, MI*)

Student ID Number

STATEMENT OF INTEREST

Write a Statement of Interest that describes your objectives and motivations in seeking an internship with the U.S. Mission. Explain how the academic courses you have taken, and other personal experiences you have had, relate to the Intern Program and/or Office to which you would like to be assigned.

Be sure to indicate if you will be a continuing student immediately upon completion of your internship. If this is not indicated, your application will not be considered.