



U.S. MISSION SAUDI ARABIA

APPLICATION FOR FOREIGN NATIONAL STUDENT INTERN PROGRAM

1. POSITION TITLE FOR WHICH YOU ARE APPLYING:

_____ Post: Riyadh Jeddah Dhahran

2. FULL NAME: _____
Last name (Surname) First Name Middle Name

3. PRESENT ADDRESS:

CONTACT INFORMATION - Mobile #: _____ Email address: _____

4. HOW DID YOU LEARN ABOUT THIS PROGRAM?

- Advertisement Embassy Website
 Employee University / School
 Relative Others: (Please specify) _____

5. DO YOU HAVE ANY RELATIVES THAT WORK FOR THE EMBASSY/ CONSULATE?

- Yes No

If yes, please list name, department and how long they have been employed.

6. CURRENT CITIZENSHIP: _____

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

7. UNIVERSITY / SCHOOL/ EDUCATIONAL INSTITUTION:

For each institution you have attended, provide the following information on the following page. Begin with your present school and work backwards. Use continuation sheets as necessary.



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Name and full address of educational institution:

✚ College: _____ Dates Attended (Month/ Year): _____

Name, title and telephone number of your Faculty Advisor or Main Instructor:

Diploma/ Degree/ Certificate: _____

✚ Secondary: _____ Dates Attended (Month/ Year): _____

Name, title and telephone number of your Faculty Advisor or Main Instructor:

✚ Primary: _____ Dates Attended (Month/ Year): _____

✚ Name, title and telephone number of your Faculty Advisor or Main Instructor:

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

Level 4= Fluent; Level 3= Good; Level 2 = Limited; Level 1= Rudimentary; Level 0=Not at all

Language	Speak	Read	Write	Understand
English	_____	_____	_____	_____
Arabic	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. SPECIAL QUALIFICATIONS AND SKILLS:

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

10. TRAINING RECEIVED:

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



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11. EMPLOYMENT HISTORY (If applicable): Begin with your most recent position and work backwards. Use continuation sheets if necessary.

A. Name and full address of Employer:

B. Date worked (month/day/year): From: _____ To: _____

C. Complete Title of Position: _____

D. Name, Title and Telephone number of Immediate Supervisor:

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

F. Number of hours worked per week: _____

Number of Employees supervised (if any): _____

G. Reason for leaving: _____

12. Have you worked for the U.S. Government? Yes No

13. Have you ever been dismissed or been forced to resign from a position? Yes No

If yes, please explain: _____

14. Computer Skills (Please rate your computer skills)

4=Excellent 3=Good 2=Fair 1=Basic =None

List computer programs in which you have use:

15. REFERENCES:

List three persons not related to you by blood or marriage that is qualified to supply definite information regarding your character and suitability for employment under the program. Do NOT include former employers (i.e. Supervisor). Use an additional page if necessary.

Name	Occupation/Title	Mobile Number	Email address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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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 maybe 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 pre-requisite.
- I understand that, if I am provisionally selected, an Embassy-required medical examination and medical certification is a pre-requisite.
- 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 knowledge, all of my statements are true, complete and made in good faith.

Signature

Date



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CONTINUATION SHEET: ADDITIONAL EMPLOYMENT INFORMATION (if applicable)

EMPLOYMENT HISTORY (If applicable): Begin with your most recent position and work backwards. Use continuation sheets if necessary.

H. Name and full address of Employer:

I. Date worked (month/day/year): From: _____ To: _____

J. Complete Title of Position: _____

K. Name, Title and Telephone number of Immediate Supervisor:

L. Description of work (Describe specific duties, responsibilities & accomplishments):

M. Number of hours worked per week: _____

Number of Employees supervised (if any): _____

N. Reason for leaving: _____



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

[This form shall be maintained in Intern's Official Personnel File]

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 non-payment 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 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

Date

