



**U.S. MISSION SAUDI ARABIA
APPLICATION FOR FOREIGN NATIONAL STUDENT INTERN PROGRAM**

1. Position Number & Title for which you are applying:

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? /__ / Advertisement /__ / 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 on the following page. Begin with your present school and work backwards. Use continuation sheets as necessary.

10/1/11

Name and full address of current educational institution:

Name, title, and telephone number of you faculty advisor or main 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:
4 = Fluent; 3 = Good; 2 = Limited; 1 = Rudimentary; 0 = Not at all)

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

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. Use continuation sheets if necessary.

A. NAME AND FULL ADDRESS OF EMPLOYER:

B. DATES 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, and accomplishments):

G. NUMBER OF HOURS WORKED PER WEEK: _____
NUMBER OF EMPLOYEES YOU SUPERVISED (if any): _____

H. REASON FOR LEAVING:

13. **Have you ever worked for the U.S. Government?** YES ____ NO ____

14. **Have you ever been dismissed or been forced to resign from a position?**
YES ____ NO ____

IF YES, PLEASE EXPLAIN:

15. **Computer Skills:**

How do you rate your computer skills (please circle):
4 = Excellent; 3 = Good; 2 = Fair; 1 = Basic; 0 = None

List computer programs in which you have experience.

16. 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). Use an additional page if necessary.

Name, Occupation, Telephone Number & Mailing Address:

1. _____

2. _____

3. _____

17. 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 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

CONTINUATION SHEET: ADDITIONAL EMPLOYMENT 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 EDUCATIONAL 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:

Name, title and telephone number of faculty advisor or main instructor:

Dates Attended (Month/Year) From: _____ To: _____

Diploma/Degree/Certificate: _____

Date Received: _____

Major Field of Study: _____



**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 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 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