



## U.S. MISSION (THAILAND) APPLICATION FOR FOREIGN NATIONAL STUDENT INTERN PROGRAM (FNSIP)

POSITION				
1. FNSIP Position Number/Title (select maximum 3 positions) <i>Sample: SIP#2013/1 U.S. Patent and Trade Mark Office (USPTO)</i> • _____ • _____ • _____	2. Ability to work in the following areas:  Bangkok <input type="checkbox"/> Yes <input type="checkbox"/> No Nonthaburi <input type="checkbox"/> Yes <input type="checkbox"/> No Chiang Mai <input type="checkbox"/> Yes <input type="checkbox"/> No			
PERSONAL INFORMATION				
3. Last Name(s)/Surnames		First Name		Middle Name
4. Other Names Used/Nick Name				
5. Current address		6. Phone Numbers Mobile _____ Home _____		
		7. Emergency Contact: Name: _____ Relation: _____ Tel: _____		
8. E-mail Address				
9. How did you learn about this program? <input type="checkbox"/> Embassy website <input type="checkbox"/> Relatives <input type="checkbox"/> University/school <input type="checkbox"/> Prior interns <input type="checkbox"/> Classmates/Friends <input type="checkbox"/> Other _____				
10. Do you have any relatives that work for the Embassy/Consulate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name, relationship, and department where they work.				
<b>Name</b>		<b>Relationship</b>		<b>Agency, Position, and Location</b>
11. Current Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Thai Citizen <input type="checkbox"/> Other (please specify) _____				
EDUCATION				
12. For each institution you have attended, provide the following information in the space below. Begin with your present school and work backwards. <b>Please attach</b> transcript and verification letter of student status with the application package.				
12a. University/College/ Educational Institution's Name:  Address (City, Country):	Dates Attended (mm-yyyy) Starting Date: _____  GPA: _____	Current enrolled Year? <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Other _____ <input type="checkbox"/> Graduated	Degree/Diploma _____ Faculty _____ Major Field of Study _____	Instructor/Advisor Name _____ Title _____ Tel _____
12b. University/College/ Educational Institution's Name:  Address (City, Country):	Dates Attended (mm-yyyy) Starting Date: _____  GPA: _____	Current enrolled Year? <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Other _____ <input type="checkbox"/> Graduated	Degree/Diploma _____ Faculty _____ Major Field of Study _____	Instructor/Advisor Name _____ Title _____ Tel _____

**LANGUAGES**

13. List your languages, the appropriate competency levels, and your primary/first spoken/native language using the language standards below.

**Language Indicators**

- Level I** Basic Knowledge
- Level II** Limited knowledge
- Level III** Good Working Knowledge
- Level IV** Fluent
- Level V** Professional Translator/Interpreter

Language	Speak	Read	Write
English			
Thai			
Other (please specify)			
Other (please specify)			

**LICENSES, SKILLS, TRAINING, MEMBERSHIP, AND RECOGNITION**

14a. List any special skills you possess and equipment you can use, certifications, licenses obtained, and training received in areas applicable to the internship position for which you are applying.

14b. List computer programs in which you have experience

14c. List professional organizations, associations, awards, honors, fellowships, and publications you consider significant.

**ESSAY**

15. Write a Statement of Interest that describes your objectives and motivations in seeking an internship with the Embassy. Explain how your academic courses, personal experiences, and skills will benefit or relate to the internship program. (Maximum 1,000 characters).

**EXPERIENCE**

Include all work experience or activities, paid and voluntary. Start with your present or most recent work experience. When describing work, list specific duties/responsibilities and accomplishments. Go into as much detail as possible for work experience that directly relates to the internship position in which you are applying. (Use additional page4 of this FNSIP FORM and duplicate, as needed.)

**16a. WORK EXPERIENCE/ACTIVITIES**

16a. Title of Position

From (mm-yyyy)

To (mm-yyyy)

Hours per Week

Employer's Name and Address

Supervisor's Name and Contact Information

Name

Phone Number

E-mail Address

Were you a supervisor in this position?  Yes  No

May HR contact your supervisor?  Yes  No

If yes, how many people did you supervise? \_\_\_\_\_

Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving. (Do not write "N/A" or "not applicable".)

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

If yes, please explain:

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

If yes, please explain:

**REFERENCES**

19. 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).

Name	Address	Telephone	Occupation

**SIGNATURE AND CERTIFICATION**

20. 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 medication certification is a prerequisite.
- I consent to 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 and belief, all of my statements are true, correct, complete, and made in good faith.

Signature

Date (mm-dd-yyyy)

**16\_. WORK EXPERIENCE/ACTIVITIES**

16\_\_. Title of Position

From (mm-yyyy)

To (mm-yyyy)

Hours per Week

Employer's Name and Address

Supervisor's Name and Contact Information

Name

Phone Number

E-mail Address

Were you a supervisor in this position?  Yes  No

May HR contact your supervisor?  Yes  No

If yes, how many people did you supervise? \_\_\_\_\_

Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving. (Do not write "N/A" or "not applicable".)

**16\_. WORK EXPERIENCE/ACTIVITIES**

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Name

Phone Number

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If yes, how many people did you supervise? \_\_\_\_\_

Describe your major duties/responsibilities and accomplishments.

Reason(s) for leaving. (Do not write "N/A" or "not applicable".)