U.S. Mission Tashkent

APPLICATION FOR FOREIGN NATIONAL STUDENT INTERN PROGRAM

1. **POSITION TITLE:** _____

2. **FULL NAME:**_____

LAST (SURNAME) FIRST MIDDLE

3. **PRESENT ADDRESS (E-Mail, if available)**: _____

4. **PRESENT TELEPHONE NUMBER:** _____

5. How did you learn about this program? /__ / Ad /__ / Employee /__/ Relative /__ / University/School /__ / Other (Please Specify)

_____

6. **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?

_____

_____

7. **CURRENT CITIZENSHIP**: _____

8. **U.S. CITIZENSHIP**: Do you have any claim to U.S. citizenship? **YES** _____ **NO** _____

9. **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. Use continuation sheets as necessary.

Name and full address of current institution:

_____

_____

Name, title and telephone number of instructor:

_____

Dates Attended (Month/Year) _____Diploma/Degree/Certificate: _____

Expected date of receiving: _____Major Field of Study: _____

10. **LANGUAGES**: (Identify the language and indicate extent of your competence for each :

5 = fluent; 3 = good; 1 = fair; 0 = not at all)

LANGUAGE	SPEAK	READ	WRITE	UNDERSTAND
*English*_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

11. SPECIAL QUALIFICATIONS AND SKILLS:

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

_____

_____

_____

12. TRAINING RECEIVED:

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

_____

_____

_____

13. 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. NAME, TITLE, AND TELPHONE 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:_____

H. REASON FOR LEAVING: _____

14. 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: _____

_____

15. 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.

_____

_____

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).

	NAME	MAILING ADDRESS	TELEPHONE #	OCCUPATION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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

- o I understand that any information I give may be investigated and that a false statement may be grounds for nonconsideration or dismissal of my participation in the Intern Program, if I am selected.
- o I understand that, if I am provisionally selected, an Embassy-required security certification is a prerequisite.
- o I understand that, if I am provisionally selected, an Embassy-required medical examination and medical certification is a prerequisite.
- o 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.
- o I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.

_____ _____

Signature Date (mm-dd-yyyy)

(please type your full name if can't sign the form)