



**8. FAMILIARITY WITH AMERICAN CENTER**

Have you ever been to the American Center?      Yes                      No

If yes, how often do you visit the American Center and what programs or services do you use?

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

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

| <u>LANGUAGE</u> | <u>SPEAK</u> | <u>READ</u> | <u>WRITE</u> | <u>UNDERSTAND</u> |
|-----------------|--------------|-------------|--------------|-------------------|
| English         | _____        | _____       | _____        | _____             |
| _____           | _____        | _____       | _____        | _____             |
| _____           | _____        | _____       | _____        | _____             |
| _____           | _____        | _____       | _____        | _____             |

**10. SPECIAL QUALIFICATIONS AND SKILLS:**

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

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**11. TRAINING RECEIVED:**

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

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**12. VOLUNTEER, EMPLOYMENT OR EXPERIENCE (If applicable): Begin with you most recent position and work backwards.**

A. NAME AND FULL ADDRESS OF EMPLOYER: \_\_\_\_\_

B. DATES WORKED (month/day/year): FROM \_\_\_\_\_ TO \_\_\_\_\_

C. TITLE OF POSITION: \_\_\_\_\_

D. NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

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E. DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):

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F. NUMBER OF HOURS WORKED PER WEEK: \_\_\_ NUMBER OF EMPLOYEES YOU SUPERVISED \_\_\_

G. REASON FOR LEAVING: \_\_\_\_\_

**13. HAVE YOU EVER WORKED FOR THE U.S. GOVERNMENT OR BEEN AN INTERN AT THE AMERICAN CENTER?**

YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION? YES \_\_\_ NO \_\_\_  
PLEASE EXPLAIN:

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**14. 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.

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**15. 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 NUMBER | OCCUPATION |
|----|-------|-----------------|------------------|------------|
| 1. | _____ | _____           | _____            | _____      |
| 2. | _____ | _____           | _____            | _____      |
| 3. | _____ | _____           | _____            | _____      |

**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 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 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.

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Signature

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Date

**YOU MUST INCLUDE:**

A copy of your identification card.

A copy of your school identification card.

A copy of your most recent school transcript.

**CONTINUATION SHEET: ADDITIONAL INFORMATION (If applicable)**

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**VOLUNTEER, EMPLOYMENT OR EXPERIENCE (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. 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):

NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_ NUMBER OF EMPLOYEES YOU  
SUPERVISED \_\_\_\_\_

G. REASON FOR LEAVING \_\_\_\_\_

**CONTINUATION SHEET: ADDITIONAL INFORMATION (If applicable)**

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**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:

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Name, title and telephone number of instructor:

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Dates Attended (Month/ Year) \_\_\_\_\_ Diploma/Degree/Certificate: \_\_\_\_\_

Date received: \_\_\_\_\_ Major Field of Study: \_\_\_\_\_

Print Name (Last, First, MI)

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ID Number (số chứng minh thư)

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## **Statement of Interest**

Write a Statement of Interest that describes why you seek an internship with the U.S. Embassy Hanoi. Explain how the academic courses you have taken, and other personal experiences you have had, relate to the Intern Program. Describe any public speaking or MC'ing experience you have and tell us how familiar you are with the American Center's programs and services.

**UNITED STATES DEPARTMENT OF STATE**  
**GRATUITOUS SERVICE AGREEMENT**  
[This form should be maintained in Intern's OPF]

Title 5 Section 3111 of the United State 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.

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Signature of Intern

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Date

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Full name of Intern