U.S. MISSION VIETNAM
APPLICATION FOR FOREIGN NATIONAL
STUDENT INTERN PROGRAM
(EDUCATIONUSA ADVISING CENTER)

1. **Position No./ Title:**_____

2. **FULL NAME:**_____
   LAST (SURNAME) FIRST MIDDLE

3. **PRESENT ADDRESS AND TELEPHONE NUMBER (E-Mail, if available):**

   _____

   _____

   _____

   Cell phone No.: _____

4. **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?

   _____

   _____

5. **CURRENT CITIZENSHIP:**_____

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

7. **UNIVERSITY/SCHOOL/EDUCATION 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:

   _____

   Date you started University (Month/Year) _____
   Diploma/Degree/Certificate:_____

   Date you expect to receive your college/university degree _____ Major Field of Study:_____

8. **FAMILIARITY WITH EducationUSA ADVISING CENTER**

   Have you ever been to the EducationUSA Advising Center? Yes No
   If yes, what impresses you most? What do you think we can do better? (2 sentences)

   _____

   _____

   _____

   _____

9. **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				

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. **VOLUNTEER, EMPLOYMENT OR EXPERIENCE (If applicable):** Begin with your most recent position and work backwards. (Use additional pages if necessary).
    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:
    _____
    E. DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):
    _____
    _____
    _____
    _____
    F. NUMBER OF HOURS WORKED PER WEEK:_____NUMBER OF EMPLOYEES YOU SUPERVISED___

13. **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:

_____

_____

_____

_____

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.

_____

_____

_____

_____

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.

_____ _____

Signature **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)

****

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):
G. NUMBER OF HOURS WORKED PER WEEK:____NUMBER OF EMPLOYEES YOU SUPERVISED_____
H. REASON FOR LEAVING_____

CONTINUATION SHEET: ADDITIONAL INFORMATION (If applicable)

****

UNIVERSITY/SCHOLL/EDUATIONAL INSTITUTTION:

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 instructor:

_____

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

Date received: _____Major Field of Study:_____

Print Name (Last, First, MI) ID Number (số chứng minh thư)

_____ _____

Statement of Interest

Write a brief 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.

UNITED STATES DEPARTMENT OF STATE
GRATUITOUS SERVICE AGREEMENT

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.

_____ _____

Signature of Intern Date

_____

Full name of Intern