

Application Instructions.

Summary Procedures on How to Apply for U.S. Embassy Lome Student Internship Program

What to know before you begin:

- There will be no compensation.
- This is NOT an offer of U.S. Government employment.
- There will be NO benefits such as leave accrual, health insurance or allowances.

Steps to Complete

1. Complete the following forms:

- Application/Resume
- Statement of Interest
- Letter of Permission
- Legal residency documentation (non-Togolese only)
- Gratuitous Service Agreement

2. Obtain written permission from school and letters of recommendation, as applicable.

3. Request that the school send an official transcript of academic standing to the Human Resources Office.

4. Submit all documents in Step 1 above including any certifications, licenses and proficiencies as required to the U.S. Embassy Human Resources Office prior to the closing date. You may either scan and email your application or deliver it directly to:

LomeEmbInternship@state.gov OR

U.S. Embassy, Lome Student Internship Program
Ambassade des Etats Unis
4332, Boulevard Gnassingbé Eyadema
Cité OUA, Lomé, Togo.
B.P. 852

5. Be available for interview when/if called. English skills will be tested as part of the interview process. If selected, be available for medical and security certifications



U.S. Embassy, Lomé
U.S. Embassy, Lomé Student Internship Program



APPLICATION FORM

1. Full Name:

ID card #: _____

2. Present address and telephone number:

****ADDRESS:** _____

**** Phone Number:** _____

**** Email Address:** _____

3. How did you learn about this program?

Employee

Relative

School

Embassy website

Other (Please Specify): _____

4. 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 of Educational Institution:

Major:

Year:

****When are you expecting to graduate?**

Year: _____ Month: _____

5. **Current Citizenship:** _____ **Other Citizenship (Please Specify):** _____

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

8. **Do you have any relatives that work for the Embassy?**

- YES (If yes, please list name, section where they work and how long they have been employed.)**
- NO**

Name (Last, First, Middle): _____

Section: _____

Years worked at the Embassy: _____

9. Languages: Identify the language and indicate extent of your competence for each:

(5 = Native; 4 = Fluent; 3 = Good; 2 = Fair; 1 = Poor; 0 = None)

Language	Speak	Read	Write	Understand
English	-	-	-	-
French	-	-	-	-

10. Computer Skills:

How do you rate your computer skills? Check one block:

- 5 = excellent;
- 3 = good;
- 1 = fair;
- 0 = none

List computer programs in which you have experience:

1. _____
2. _____
3. _____

List any training or Certificates:

1. _____
2. _____
3. _____

Signature

Date (Month/Day/Year)



U.S. Embassy, Lomé



U.S. Embassy, Lome Student Internship Program STUDENT STATEMENT OF INTEREST

Print Name (Last, First, MI): _____

ID card #: _____

11. What are your objectives and motivations in seeking this internship?

12. Explain how the academic courses you have taken and other personal experiences, will make you a good intern?

13. Describe your non-academic experiences:

(Add continuing pages if needed)

14. References

List at least **one person** not related to you by blood or marriage that is qualify to supply definite information regarding your character and suitability as an intern under the program.

Name: _____ Title: _____

ADDRESS: _____

PHONE: _____

15. 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, and 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 (Month/Day/Year)



U.S. Embassy, Lomé
U.S. Embassy, Lome Student Internship Program
LETTER OF PERMISSON



Student's Name: _____

ID No: _____

University: _____

Major: _____

Year: _____

GPA: _____

The student above is granted permission to participate U.S. Embassy Lome Student Internship Program at the U.S. Embassy, Lomé, and will **continue his/her University studies immediately upon completion of the internship.**

Date: _____

Authorized by: _____

Name/Title

Signature



**UNITED STATES DEPARTMENT OF STATE
GRATUITOUS SERVICE AGREEMENT**



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 U.S. 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.

Type or Print Name
(Last,First,Middle)

(Signature)

DATE (month/day/year)