



# U.S. MISSION PHNOM PENH

## APPLICATION FOR FOREIGN NATIONAL STUDENT INTERN PROGRAM

<b>1. Position No. /Title:</b>		
<b>2. Do you have endorsement letter from your education institution?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide period approved for Internship Program:		
From (mm/dd/yyyy):	To (mm/dd/yyyy):	
<b>3. Last Name (Surname):</b>	<b>First Name:</b>	
<b>4. Date of Birth (mm/dd/yyyy):</b>		
<b>5. Present Address:</b>		
<b>6. Telephone number:</b>	<b>Email address:</b>	
<b>7. How did you learn about this program?</b>		
<input type="checkbox"/> Job Advertisements <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> University/School <input type="checkbox"/> Other (Please Specify):		
<b>8. Do you have any relatives that work for the U.S. Embassy Government?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, provide the details below: department where they work and how long they have been employed?		
Name	Relationship	Agency, Position
<b>9. Current Citizenship:</b>		
<b>10. U.S. Citizenship: Do you have any claim to U.S. citizenship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>11. University/school/education institution:</b>		
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.		
<b>11a. Name of school:</b>		
Address:		
Date Attended (Month/Year):	Expected Date of Graduation (Month/Year):	
Diploma/Degree/Certificate:	Major Field of Study:	
Instructor's name and contact information:		
Name:	Title:	
Telephone number:		

<b>11b. Name of school:</b>				
Address:				
Date Attended (Month/Year):			Expected Date of Graduation (Month/Year):	
Diploma/Degree/Certificate:			Major Field of Study:	
Instructor's name and contact information:				
Name:			Title:	
Telephone number:				
<b>12. Languages:</b> (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				
<b>13. Special qualifications and skills:</b> List any special skills you possess and equipment you can use, certifications, licenses obtained, etc.				
<b>14. Training Received:</b> List training received in areas applicable to the internship position in which you are applying.				
<b>15. Employment</b> (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. Supervisor's Name and Contact Information				
Name:				
Title:			Telephone number:	
E. Describe specific duties, responsibilities, and accomplishments:				
F. Number of hours worked per week:				
Number of employees you supervised:				

G. Reason for leaving:

**16. 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

If yes, please explain:

**17. Computer Skills**

How do you rate your computer skills:  
 5 = Excellent;                      3 = Good;                      1 = Fair;                      0 = None

Computer Programs	Rating

**18. 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	Address	Telephone Number	Occupation

**19. 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, 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**