U.S. Mission Vietnam

Foreign National Student Intern Program (FNSIP) – Statement of Interest

Section 1: Personal Information Name: Address: Email: Phone: Do you have any relatives that currently work in this U.S. mission? Yes \square No \square If yes, please provide their name, position title, and the section where they work. Are you a citizen or legal permanent resident of the country where this U.S. mission is located? Yes □ No □ (If you answered "no", you are not eligible to participate in the FNSIP.) **Section 2: Education** Name and full **Dates Attended** Did you graduate? Name & address of your From Yes □ No □ **Telephone** (mm/yyyy) To current College, Number of **University or** (mm/yyyy) instructor: Major Area Institution of Study:

How many hours per week are you able to participate in the FNSIP? Please indicate hours per week.

What days of the week are you available? Please indicate what days/hours you are available. Please list your proposed start and end dates. These dates will be negotiated with hiring office, if selected.

Section 3: Languages

- 1 **Basic** Examples Basic greetings, phrases, and numbers.
- <u>2– Limited</u> *Examples Directions, simple questions.*
- <u>3 Good working knowledge</u> Examples Conversations about familiar topics, complex documents.
- <u>4– Fluent</u> Examples Infer nuanced meaning from complex documents.
- <u>5- Translator</u> Examples Certified professional translator in this language.

Language	Speaking (Provide Level)	Reading (Provide Level)	Writing (Provide Level)

Section 4: Special Qualifications and Skills

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

Skills	Equipment	Certifications	Licenses

Section 5: Training Received

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

Section 6: Work Experience:

Paid and Voluntary - Please list your most current work experience

Job Title	From: (mm/yyyy)	To: (mm/yyyy)	Annual Salary
Full Time □ OR			
Part-Time □			
Employer Name,			
Address and Phone Number			
Main Duties and Resp	oonsibilities:		
Reason for leaving:			
Job Title	From: (mm/yyyy)	To: (mm/yyyy)	Annual Salary
Job Title Full Time □ OR	From: (mm/yyyy)	To: (mm/yyyy)	Annual Salary
	From: (mm/yyyy)	To: (mm/yyyy)	Annual Salary
Full Time □ OR Part-Time □ Employer Name,	From: (mm/yyyy)	To: (mm/yyyy)	Annual Salary
Full Time □ OR Part-Time □ Employer Name, Address and	From: (mm/yyyy)	To: (mm/yyyy)	Annual Salary
Full Time □ OR Part-Time □ Employer Name,	From: (mm/yyyy)	To: (mm/yyyy)	Annual Salary
Full Time		To: (mm/yyyy)	Annual Salary
Full Time □ OR Part-Time □ Employer Name, Address and		To: (mm/yyyy)	Annual Salary
Full Time		To: (mm/yyyy)	Annual Salary
Full Time		To: (mm/yyyy)	Annual Salary
Full Time		To: (mm/yyyy)	Annual Salary
Full Time		To: (mm/yyyy)	Annual Salary

Section 7:

Have you ever worked for the U.S. Government?

YES

NO

Section 8: Reason for wanting to participate in the FNSIP
Please provide a brief statement to explain why you would like to be considered for the FNSIP and what you hope to achieve during the program that will benefit your current area of study. Please also give us two best examples of how you support/contribute to the Public Affairs Section (PAS).
Section 9: DECLARATION
☐ I am a current student at a trade school, technical or vocational institute, junior college, college, university or other accredited educational institution, and I am in good academic standing.
☐ I understand that any information I provide may be investigated and that any false statements may be grounds for non-consideration or termination from the FNSIP, if selected.
☐ I understand that, if I am provisionally selected for the FNSIP, a successful security and medical certification must be completed before I may begin the program.
☐ I consent to the release of information about my ability and fitness for the FNSIP by employers, schools, law enforcement agencies, and other individuals and organizations to U.S. mission-authorized investigators and personnel.
\square I certify that, to the best of my knowledge, all of my statements are true and complete.
Printed Name of Applicant Date

Signature of Applicant	_

YOU MUST INCLUDE:

- A copy of your identification card.
- A copy of your school identification card.
- A copy of your most recent school transcript.
- A written permission from the educational institution. (This can be submitted after being offered.)

U.S. DEPARTMENT OF STATE GRATUITOUS SERVICE AGREEMENT

[A signed copy of this document should be maintained by post's HR office.]

I understand and agree that I am being provided an opportunity to perform volunteer services pursuant to 5 U.S.C. § 3111 as part of the Foreign National Student Intern Program. I understand that I will not be receiving any compensation in return for the services that I perform. I further agree that I waive any and all claims against the U.S. Department of State and/or the United States Government (USG) for payment of compensation as a consequence of my performance of services under this agreement. I further understand that I will not be considered an employee of the U.S. mission, the U.S. Department of State or the USG, except as otherwise provided by applicable law.

I understand that I have been accepted into the FNSIP and that my participation in this program is subject to termination at any time at the discretion of the U.S. mission.

Please sign below to acknowledge that you understand the terms of this arrangement.			
Printed Name of Student	Date		
Signature of Student			