

U.S. MISSIONS VIENNA

Foreign National Internship Program



Application Form

U.S. MISSIONS VIENNA APPLICATION FOR FOREIGN NATIONAL INTERNSHIP

INSTRUCTIONS: Please answer fully and completely, type or print. If more space is needed for an answer, use the space provided on page 3 or provide an extra sheet.

1. PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE
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PRESENT ADDRESS

TELEPHONE NUMBER AND E-MAIL ADDRESS

YOUR CURRENT CITIZENSHIP	OTHER OR PREVIOUS CITIZENSHIPS
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2. DATES PROPOSED FOR THE INTERNSHIP

FROM:

TO:

3. YOUR CURRENT STUDIES

NAME AND LOCATION OF EDUCATIONAL INSTITUTION	ENROLLED SINCE	MAJOR

4. EDUCATION (please include high school/Gymnasium and studies)

NAME AND LOCATION OF EDUCATIONAL INSTITUTION	DATES		DEGREE	MAJOR SUBJECTS
	FROM	TO		

5. ADDITIONAL EDUCATION INFORMATION

SCHOLARSHIPS OR ACADEMIC DISTINCTIONS	PUBLICATIONS
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6. LANGUAGES (name and indicate the extend of your competence)

LANGUAGE	SPEAK / UNDERSTAND			READ / WRITE		
	FAIR	GOOD	EXCELLENT	FAIR	GOOD	EXCELLENT

7. COMPUTER SKILLS (list programs that you are familiar with)

PROGRAM	LITERACY		
	BASIC	INTER-MEDIATE	ADVANCED

8. EMPLOYMENT (begin with your last or current job, including internships)

DATES OF EMPLOYMENT (month/year, from-to)	EXACT TITLE OF YOUR POSITION
NAME AND FULL ADDRESS OF EMPLOYER	DUTIES
	NAME OF THE IMMEDIATE SUPERVISOR
DATES OF EMPLOYMENT (month/year, from-to)	EXACT TITLE OF YOUR POSITION
NAME AND FULL ADDRESS OF EMPLOYER	DUTIES
	NAME OF THE IMMEDIATE SUPERVISOR
DATES OF EMPLOYMENT (month/year, from-to)	EXACT TITLE OF YOUR POSITION

NAME AND FULL ADDRESS OF EMPLOYER	DUTIES
	NAME OF THE IMMEDIATE SUPERVISOR

9. INSURANCE

I HEREBY CONFIRM I HOLD A HEALTH INSURANCE POLICY (YES/NO)

NAME OF SOCIAL INSURANCE OR COMPANY NAME

COMPANY ADDRESS

SOCIAL INSURANCE NUMBER (VERSICHERUNGSNUMMER) OR POLICY NUMBER

10. SPACE FOR DETAILED ANSWERS

USE THIS SPACE FOR DETAILED ANSWERS. NUMBER YOUR ANSWERS TO CORRESPOND WITH QUESTIONS. ADD ANY INFORMATION, WHICH WAS NOT COVERED ABOVE. USE ADDITIONAL PAGES IF NECESSARY.

CERTIFICATION

I HEREWITH CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE