



**U.S. MISSION (AUSTRALIA)
APPLICATION FOR FOREIGN NATIONAL
STUDENT INTERN PROGRAM
U.S. CONSULATE GENERAL MELBOURNE**

1. POSITION TITLE					
2. FULL NAME					
3. CURRENT ADDRESS					
4. TELEPHONES		A. Daytime:		B. Mobile:	
5. EMAIL ADDRESS					
6. HOW DID YOU LEARN ABOUT THIS PROGRAM?					
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> University Other (Please specify) _____					
7. DO YOU HAVE ANY RELATIVES THAT WORK FOR THE CONSULATE?: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please list the following:					
Relative's Name:		Department where relative works:		Relative's length of employment:	
8. CURRENT CITIZENSHIP:					
9. DO YOU HAVE U.S. CITIZENSHIP?					Yes <input type="checkbox"/> No <input type="checkbox"/>
10. 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 and full address of current institution					
Name, title and telephone number of primary instructor					
Dates Attended (Month/Year)					
Diploma/Degree/Certificate:					
Major field(s) of study					
11. 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					
12. SPECIAL QUALIFICATIONS AND SKILLS:					
List any special skills you possess and equipment you can use, certifications, licenses obtained, etc.					

13. TRAINING RECEIVED:	
List training received in areas applicable to the internship position in which you are applying.	
14. EMPLOYMENT (if applicable): Begin with your most recent position and work backwards. Use continuation sheets as necessary.	
A. Name and full address of employer:	
B. Dates worked (month/day/year):	From: _____ To: _____
C. Exact 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:	
G. Number of employees you supervised:	
H. Reason for leaving:	
15. HAVE YOU EVER WORKED FOR THE U.S. GOVERNMENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain:	
17. 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.	

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.

NAME	MAILING ADDRESS	TELEPHONE NUMBER	OCCUPATION
1.			
2.			
3.			

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, a Consulate-required security certification is a prerequisite.

I understand that, if I am provisionally selected, a Consulate-required medical examination and medical certification is a prerequisite.

I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.

Signature

Date

CONTINUATION SHEET: ADDITIONAL INFORMATION (if applicable)
Duplicate continuation sheets as needed.

EMPLOYMENT: 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. 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:

G. Number of employees you supervised:

H. Reason for leaving:

CONTINUATION SHEET: ADDITIONAL INFORMATION (if applicable)**Duplicate continuation sheets as needed.****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.

Name and full address of current institution	
Name, title and telephone number of primary instructor	
Dates Attended (Month/Year)	
Diploma/Degree/Certificate:	
Major field(s) of study	