



U.S. Mission Praia, Cape Verde

Foreign National Student Internship Program

Position	
1. Vacancy Announcement Number	2. Internship Office

Personal Information	
3. Full Name	
4. Present Address	5. Phone Numbers
	Mobile: _____ Home: _____ Other: _____
6. Email	

7. Do you have any relatives that currently work in this U.S. mission? Yes No
 If yes, please provide their name, position title, and the section where they work.

Name	Relationship	Agency, Position, Location

8. Are you a citizen or legal permanent resident of Cape Verde? Yes No

(If you answered “no”, you are not eligible to participate in the FNSIP)

Section 2: Education			
----------------------	--	--	--

9. 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 school	Dates Attended (mm/yyyy) From To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Major Area of Study:	Name and Telephone Number of Instructor

Name and full address of school	Dates Attended (mm/yyyy) From To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Major Area of Study:	Name and Telephone Number of Instructor
Name and full address of school	Dates Attended (mm/yyyy) From To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Major Area of Study:	Name and Telephone Number of Instructor
Name and full address of school	Dates Attended (mm/yyyy) From To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Major Area of Study:	Name and Telephone Number of Instructor

Section 3: Languages

10. Please list the languages that you speak, read and/or write and the level for each below:

1 – Basic Examples – Basic greetings, phrases, and numbers

2 – Limited Examples – Directions, simple questions.

3 – Good working knowledge Examples – Conversations about familiar topics, complex documents

4 – Fluent Examples – Infer nuanced meaning from complex documents

5 – Translator Examples – Certified professional translator in this language

Language	Speaking (Provide Level)	Reading (Provide Level)	Writing (Provide Level)
English			
Portuguese			
Creole			
Other			
Other			

Section 4: Work Experience

11. Paid and Voluntary – Please start from your present or recent work experience and backwards

11a. Job Title

From (mm/yyyy)	To (mm/yyyy)	Salary per month (if applicable)	Hours per week

Employer's name, address and phone number

Main Duties and Responsibilities

Reason for leaving

11b. Job Title

From (mm/yyyy)	To (mm/yyyy)	Salary per month (if applicable)	Hours per week

Employer's name, address and phone number

Main Duties and Responsibilities

Reason for leaving

Section 5: Reasons for wanting to participate in the FNSIP

12. 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.
(Use additional sheets if needed)

Section 6: Declaration

13. Please tick as appropriate

- 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 a 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.
- I certify that, to the best of my knowledge, all of my statements are true and complete.

14. Printed name or signature

15. Date (mm/dd/yyyy)

Section 4: Work Experience (continuation)

1. Paid and Voluntary – Please start from your present or recent work experience and backwards

11c. Job Title

From (mm/yyyy)	To (mm/yyyy)	Salary per month (if applicable)	Hours per week

Employer's name, address and phone number

Main Duties and Responsibilities

Reason for leaving

11d. Job Title

From (mm/yyyy)	To (mm/yyyy)	Salary per month (if applicable)	Hours per week

Employer's name, address and phone number

Main Duties and Responsibilities

Reason for leaving