2003 Inter - American E-Business Fellowship Program
Application Form

COMPANY NAME _____

NAME OF APPLICANT _____

Applications should be returned to:

(U.S. Embassy in your country - see attached contact info.)

APPLICATIONS ARE DUE ON MAY 2, 2003

INTER-AMERICAN E-BUSINESS FELLOWSHIP PROGRAM

Instructions:

1) **Give full and complete answers to all questions in English.**

2) Type or clearly print your answers to all questions.

3) Attach additional pages if necessary, but do not change or delete any questions from the application.

4) If submitting electronically (preferred), please name the file as: (your country_your name) For example: United States_John Doe.doc. Please save all the parts of your application as **one file** in the following order:
   - This application form, completed in full.
   - Answers to essay questions (Section IV, B).
   - Your resume or CV.
   - Recommendation letter from your supervisor.
   - (A signed paper copy of the recommendation letter and the signed certification page should be mailed or faxed separately to the U.S. Embassy contact in your country).

Note: Only those candidates who can commit to the full term of the program should complete this application.

I. GENERAL INFORMATION

Name _____
(Last name) (Middle name) (First name)

Complete Name for Place of Employment_____

Position and Title_____

Work Telephone(s)_____

Work Mailing Address _____
(Street and/or Building Name)
_____
(City)
_____
(Index)

E-mail address _____

Home address _____
(Street and Number, Apartment and City)

Home telephone _____

Preferred mailing address _____
(work, home, or other)
_____

Date of Birth _____
(Month - Date - Year)

Sex (circle one): Male Female

Place of Birth _____

(City and Country)
Citizenship and Passport Number _____

Please provide all alternative fax and telephone numbers, including city codes.

Telephone_____ Fax _____
(cellular) _____

In case of emergency, whom should we contact?

Name _____

Address _____

Telephone _____

Relationship (circle one) Friend Co-worker Husband/Wife Family member Other _____

II. EDUCATION

A. List all post-secondary education including professional education, beginning with the most recent.

Dates	Name of Institute/University	Major Subject	Degree/ Date received

B. Knowledge of English: Please rate your knowledge of English in the following areas.

	Excellent	Good	Fair	Poor
Reading				
Writing				
Listening				
Speaking				

C. List any other languages that you know _____

III. BUSINESS AND EMPLOYMENT EXPERIENCE

A. List your business and employment history for the past ten years, beginning with the most recent.

Dates	Names of Organization	Position and Title	Responsibilities and Duties

B. Please list three professional references.

Name	Company name, address and telephone number	Relationship

IV. DESCRIPTION OF CURRENT ENTERPRISE

A. Current enterprise description

Name of enterprise _____

Type of enterprise (i.e. industry, sector, type of good or services provided)

The market for your product or service is: (Circle one)

Local Regional National International

Who are your customers? (Circle one)

State enterprises Private enterprises Individuals Other

What is the name and major function of the division or department for which you work?

What are your major responsibilities?

What is the name and title of your supervisor?

How many employees do you supervise?

How many people work at the firm? _____ Annual Gross Revenue _____

Ownership of your company (If it is owned by more than one entity or individual, please provide the ownership breakdown by percentage, including foreign ownership)

B. Please answer the following questions on a separate piece of paper.

1. Describe your present employing organization. (Please be specific in terms of private or public sector, the date it was formed, what the mission and goals are, what areas of work it is involved in, how it is structured and/ or types of goods and services it provides.)

2. How do you plan to apply the knowledge you will gain on the e-business fellowship program to your work back home — both in your company and in your country as a whole? What makes you a good candidate for this program?

3. Please describe your personal experience as a manager in using technology to improve business operations. Please include information on your role in the decision-making process for the implementation of new technology.

4. What information technology improvements do you foresee your company will implement in the next two years?

5. Please identify the subject areas that you would like training in or exposure to while in the U.S.

In addition, please submit the following items along with your application:

- A recommendation letter from your supervisor, which must describe your current responsibilities and approval for your absence for the duration of the term of the program (the dates of the program should be included in the approval letter). The letter must also state that your company will pay the round-trip airfare from the fellow's home to the first port of entry into the United States.

- A curriculum vitae must also be included with your application.

CERTIFICATION

I testify that the information submitted in this application is complete and accurate. I understand that providing false information on this application or during the interview will automatically disqualify me from participation in the program. If I am selected for participation in the program and it is determined during the course of the training that any of the information provided in this application or during the interview was false, I understand that this would mean immediate dismissal from the program.

If selected, I agree to comply with all regulations of the program and all local and national laws of the U.S. Regulations of the program include, but are not limited to, the housing arrangements. I understand that while in the United States, I may be required to share my hotel room with one other individual from the training group (of the same sex). In this situation, I understand that separate beds will be provided. I declare that this type of housing arrangement is satisfactory to me and presents no difficulties. If an emergency occurs and I must return home early, I understand that I must return the remainder of the per diem to the program.

I understand that I will be provided with medical insurance to be used only for emergency situations and not for routine medical care, or treatment for any pre-existing medical or dental condition. I further understand that I will be required to pay all deductibles and other miscellaneous expenses not covered by the insurance. I understand that I may purchase my own travel and /or health insurance before departing for the United States of America if I desire – this will act as additional coverage for me while I am on the program.

I declare my intent to return to my home country at the end of my training as a program participant. I understand that the U.S. visa obtained in connection with my program training is valid only for temporary training and is not valid for employment in the United States. I understand that returning to my country at the end of my internship is a condition of my participation in the program. I further understand that traveling outside of the United States (for example, Canada or México) is strictly prohibited and would be in violation of my U.S. issued visa and would mean immediate grounds for dismissal from the program. Travel to cities in the United States that are not part of the specific training program is discouraged and will be decided on a case by case basis by program staff in Washington, D.C.

I understand that this program prohibits spouse and/or children to accompany participants to the United States.

CERTIFICACIÓN

Declaro que la información contenida en esta solicitud es completa y correcta. Entiendo que proporcionar información falsa en la solicitud o durante una entrevista descalilfica mi participación en el programa. Si fuera seleccionada para participar en éste, y se determina durante el curso de capacitación que la información proporcionada en la solicitud, o parte de ella, es falsa, entiendo que esto significaría que seré despedido inmediatamente del programa.

Si fuera seleccionado, estoy de acuerdo en cumplir con todos los reglamentos del programa y todas las leyes locales y nacionales de los Estados Unidos. Los reglamentos de este programa incluyen, pero no se limitan a arreglos de vivienda. Entiendo que durante mi estadía en los Estados Unidos, es posible que tenga que compartir una habitación de hotel con otra persona del grupo de entrenamiento (del mismo sexo). En esta situación, entiendo que nos proporcionarán camas separadas. Declaro que este tipo de arreglo es satisfactorio para mi y no me representa ninguna dificultad. Si por una emergencia, debo regresar a mi país antes de terminar el programa, entiendo que debo regresar el sobrante del costo diario a dicho programa.

Declaro mi intención de regresar a mi país al término del entrenamiento como participante en el programa. Entiendo que la visa obtenida en conexión con mi entrenamiento en este programa es válida sólo temporalmente para este entrenamiento y no para trabajar en los Estados Unidos. Comprendo que una de las condiciones para poder participar en este programa es regresar a mi país al terminar el mismo. También tengo entendido que viajar fuera de los Estados Unidos (por ejemplo, Canadá o México) está extrictamente prohibido y sería en violación de mi visa expedida por los Estados Unidos y resultaría en mi inmediato despido del programa. También debo evitar viajar a otras ciudades de los Estados Unidos que no sean parte específica del programa. Para hacerlo, será necesario la aprobación del equipo a cargo del programa en Washington, D.C., la cual será realizada caso por caso.

Entiendo que este programa prohibe que el participante sea acompañado a los Estados Unidos por su esposa(o) y/o hijos.

Signature/Firma: _____

Date/ Fecha: _____

CERTIFICAÇÃO

Dou fé de que as informações contidas neste requerimento são completas e corretas. Entendo que dar informações falsas nesse requerimento ou durante uma entrevista me desqualifica de participar deste programa. Se for selecionado para participar deste programa, e se for determinado durante a entrevista que alguma informação proporcionada nesse requerimento é falsa, entendo que isso significaria que seria expulso imediatamente do programa.

Se for selecionado, concordo em seguir todos os regulamentos do programa e todas as leis locais e nacionais dos Estados Unidos. Os regulamentos deste programa incluem, mas não se limitam a arranjos de moradia. Entendo que durante a minha estadia nos Estados Unidos, é possível que tenha que compartirlhar um quarto de hotel com outra pessoa do grupo de treinamento (do mesmo sexo). Nesta situação, entendo que serão fornecidas camas individuais. Declaro que este tipo de arranjo me satisfaz e não me apresenta dificuldade alguma. Se, por causa de emergência, eu tiver que regressar ao meu país antes do programa terminar, entendo que devo devolver o restante do custo diário do programa, Entendo que receberei um seguro médico que somente poderá ser utilizado em casos de emergência e não para cuidados médico de rotina, tampouco para condições médicas ou dentais previamente diagnosticadas. Também fica entendido que tenho a responsabilidade de pagar o valor que corresponda a gastos não cobertos pelo seguro. Entendo que, se o desejar, posso obter por conta minha um seguro médico ou de viagem pessoal antes de partir aos Estados Unidos, o que atuará como cobertura adicional durante a minha participação do programa.

Declaro a minha intenção de regressar ao meu país ao terminar o treinamento. Entendo que o visto obtido em conexão com o meu treinamento neste programa é válido sòmente para este treinamento e não é válido para trabalhar nos Estados Unidos. Entendo que o regresso ao meu país ao término do treinamento é uma das condicões para que eu possa participar deste programa. Também entendo que viajar para fora dos Estados Unidos (por exemplo, Canadá ou México) está terminantemente proibido, uma vez que estaria violando o meu visto concecido pelos Estados Unidos, e resultaria na minha expulsão imediata do programa. Evitarei de viajar a outras cidades dos Estados Unidos que não sejam parte específica do programa. Para fazê-lo, será necessária a autorização prévia das autoridades do programa em Washington, D.C. (o que será estudado caso por caso).

Entendo que este programa proibe que o participante viaje aos Estados Unidos acompanhado pelo/a seu/sua cônjuge ou filho(a)s.

Signature/Firma/ Assinatura: _____

Date/ Fecha/ Data: _____

E-BUSINESS FELLOWSHIP PROGRAM
U.S. Embassy Contacts
January 2003

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