



April 24, 2015

Dear Jaqueline,

We are pleased to offer you the internship for the **Brazil Scientific Mobility Program - Ciência sem Fronteiras**.

Embraer will support the internship program, by up to three (3) months project, which will be held at Embraer in USA – Melbourne, Florida.

The activities will be related to engineering manufacturing process and/or product development.

More detailed activities shall be established by Embraer during the development of the internship, considering the academic content and/or professional experience.

The journey is according to the schedule set by Embraer Unit and in accordance with local regulations (host country).

The period of the internship will be from June 1, 2015 to August 28, 2015.

Embraer is responsible to pay directly to the student an educational incentive via Pre Paid card in the amount of U\$ 1,000 (one thousand dollars) per month during the months running the internship at Embraer.

During this period, your activities will be followed by a technical advisor.

**By signing this offer, you agree that will not bring, use or disclose while working for Embraer any confidential information from or about any of your former employers. You further agree that your employment at Embraer at all times is “at will”, which means that Embraer may terminate your employment at any time and for any reason, just as you may resign at any time and for any reason.**

We at Embraer look forward to welcoming you aboard.

A handwritten signature in blue ink, appearing to read "Daniela Ap. Sena Bettini".

Sincerely,

Daniela Ap. Sena Bettini  
Diretora Corporativa  
de Recursos Humanos

Área de Interesse: Estágio de férias - Sistemas de informação Salário Pretendido: R\$ 3000,00

Nome: JAQUELINE PASSOS DO NASCIMENTO

Endereço: 150 WEST UNIVERSITY Blvd. N°: \_\_\_\_\_ Apto. n.º: \_\_\_\_\_

Bairro: \_\_\_\_\_ CEP: 32901 Cidade: Melbourne Estado: FL

Telefone: Resid.: ( ) \_\_\_\_\_ Cel.: (32) 9782280 E-mail: jaqueline.pnascimento@gmail.com

Data de Nasc.: 08/08/92 Idade: 22 Cidade Nasc.: SÃO PAULO Estado: SP País: BRASIL

Sexo: M ( ) F (X) Estado Civil: Solteiro Nº de Dependentes: 0 Nº de Filhos: 0

Pai: JUANVALDO BATISTA DO NASCIMENTO Data de Nasc.: 09/10/66

Mãe: TANIA MATOS PASSOS DO NASCIMENTO Data de Nasc.: 16/05/71

Esposa (o): \_\_\_\_\_ Data de Nasc.: / /

Cidade Nasc.: \_\_\_\_\_ Estado: \_\_\_\_\_ País: \_\_\_\_\_

Raça / Cor: \_\_\_\_\_ Outra(s) Nacionalidade(s) / Cidadania(s): \_\_\_\_\_

Autorização de Residência Temporária/Permanente (País/Nº Doc):

Céd. Identidade (RG) nº: 4847523-0 Órgão expedidor: SSP Estado: SP Data Emissão: 08/08/11

CPF nº: 41052184847 Conselho: \_\_\_\_\_ Nº Registro: \_\_\_\_\_ Cart. Motorista: \_\_\_\_\_

Cart. de Trabalho Nº: 043813 Série: 00357-SP Estado de Emissão: SP Data Emissão: 13/09/08

Possui Certif. Reservista? ( ) Sim  Não Nº \_\_\_\_\_ Passaporte n.º: F1741486

ESTRANGEIRO - Carteira Modelo 19 nº: \_\_\_\_\_ Registro Nac. Estrangeiro: \_\_\_\_\_

Data de Chegada ao Brasil: / / Naturalizado: Sim ( ) Não ( ) Decreto nº: \_\_\_\_\_

Passaporte nº: \_\_\_\_\_ Tipo: \_\_\_\_\_ Data Emissão: / /

Já esteve afastado pelo INSS? Não  Sim  Se sim, quantas vezes? \_\_\_\_\_

Indique ao lado o(s) período(s): De / / a / / De / / a / /

#### Instrução

CURSO	ESPECIALIDADE	NOME DA ESCOLA	CIDADE	ANO DE CONCLUSÃO
2º GRAU	ENSINO MÉDIO	ETEC PARALÍDES DE GODOY	SÃO PAULO	2010
2º GRAU	TÉCNICO EM: <u>INFORMÁTICA</u>	ETEC PARALÍDES DE GODOY	SÃO PAULO	2009
SUPERIOR	<u>SISTEMAS DE INFORMAÇÃO</u>	IFF	CAMPUS DOS GATIPACAZES	em andamento
OUTROS				

#### Experiência Profissional

Empresa (atual/último): CARTELA TV / BRIEFING MARKETING Cidade: CAMPOS DOS GATIPACAZES Estado: RJ

Data de Admissão: 05/06/12 Data de Saída: 05/06/14 Último Salário: R\$ 1.300,00

Cargo Inicial: ESTÁGIO PÁRIA Cargo Final: PROGRAMADOR WEB JR Motivo da Saída: CIÊNCIA SEM FRONTEIRAS

Referência Profissional Nome: \_\_\_\_\_ Telefone: \_\_\_\_\_

Empresa (atual/último): \_\_\_\_\_ Cidade: \_\_\_\_\_ Estado: \_\_\_\_\_

Data de Admissão: / / Data de Saída: / / Último Salário: R\$ \_\_\_\_\_

Cargo Inicial: \_\_\_\_\_ Cargo Final: \_\_\_\_\_ Motivo da Saída: \_\_\_\_\_

Referência Profissional Nome: \_\_\_\_\_ Telefone: \_\_\_\_\_

Empresa (atual/último): \_\_\_\_\_ Cidade: \_\_\_\_\_ Estado: \_\_\_\_\_

Data de Admissão: / / Data de Saída: / / Último Salário: R\$ \_\_\_\_\_

Cargo Inicial: \_\_\_\_\_ Cargo Final: \_\_\_\_\_ Motivo da Saída: \_\_\_\_\_

Referência Profissional Nome: \_\_\_\_\_ Telefone: \_\_\_\_\_

#### Informações Adicionais

1. Trabalha ou já trabalhou em empresa que tenha relação comercial com a Embraer ou em algum órgão governamental? ( ) Sim  Não

Empresa / órgão: \_\_\_\_\_ Cargo: \_\_\_\_\_ De / / a / /

Principais Atividades: \_\_\_\_\_

Empresa / órgão: \_\_\_\_\_ Cargo: \_\_\_\_\_ De / / a / /

Principais Atividades: \_\_\_\_\_

Empresa / órgão: \_\_\_\_\_ Cargo: \_\_\_\_\_ De / / a / /

Principais Atividades: \_\_\_\_\_

**Informações Adicionais**

2. Já trabalhou como empregado EMBRAER?

Não  Sim Período: De \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ a \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Chapa: \_\_\_\_\_ Área: \_\_\_\_\_

3. Tem parentes trabalhando na EMBRAER?  Não  Sim

Nome \_\_\_\_\_ Grau Parent.: \_\_\_\_\_

Nome \_\_\_\_\_ Grau Parent.: \_\_\_\_\_

Nome \_\_\_\_\_ Grau Parent.: \_\_\_\_\_

4. Tem parentes que trabalharam na EMBRAER?  Não  Sim

Nome \_\_\_\_\_ Grau Parent.: \_\_\_\_\_ Área: \_\_\_\_\_

Nome \_\_\_\_\_ Grau Parent.: \_\_\_\_\_ Área: \_\_\_\_\_

5. Tem parente que trabalha ou já trabalhou em empresa que tenha relação comercial com a Embraer ou em algum órgão governamental? ( ) Sim  Não

Grau Parentesco: \_\_\_\_\_ Empresa/Orgão: \_\_\_\_\_ Cargo: \_\_\_\_\_ De \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ a \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Principais Atividades: \_\_\_\_\_

Grau Parentesco: \_\_\_\_\_ Empresa/Orgão: \_\_\_\_\_ Cargo: \_\_\_\_\_ De \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ a \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Principais Atividades: \_\_\_\_\_

6. Aceita:

Trabalhar aos sábados?  Não  Sim

Trabalhar aos domingos?  Não  Sim

Trabalhar em período noturno?  Não  Sim

Mudança de horário de trabalho?  Não  Sim

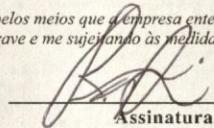
Fazer hora extra?  Não  Sim

Viagem a serviço?  Não  Sim

Declaro estar à disposição do programa de prevenção e tratamento da dependência química da Embraer (Estar de Bem sem Drogas), em todas as suas fases de aplicação. Autorizo a Embraer e/ou representantes a realizar exames toxicológicos de substâncias psicoativas e etilo teste específicos para detecção do uso indevido de drogas que determine a dependência química, física ou psicológica no exame admissional e durante todo o período em que eu permanecer no quadro funcional da empresa.

Declaro ainda, serem verdadeiras as informações por mim fornecidas neste documento e autorizo a Embraer a confirmá-las pelos meios que a empresa entender necessários; em caso de não ratificação de todas ou parte das informações prestadas, estou ciente que estarei cometendo falta grave e me sujeitando às medidas disciplinares cabíveis.

15 de abril de 2015

  
Assinatura

**USO DA ÁREA DE ATRAÇÃO E SELEÇÃO**

**AVALIAÇÃO DO CANDIDATO**

Nível Idioma ( ) \_\_\_\_\_ Data Emissão: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Analista de RH - Seleção

PARECER DA ÁREA REQUISITANTE \_\_\_\_\_

Assinatura Responsável \_\_\_\_\_

Área \_\_\_\_\_

Data: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nº de Posição: \_\_\_\_\_ Cargo: \_\_\_\_\_ Nº do cargo: \_\_\_\_\_

Salário Admissão: R\$ \_\_\_\_\_ Tipo de Contrato:  Determinado  Indeterminado  Estagiário

Data da Integração: \_\_\_\_\_ Turno: \_\_\_\_\_ Revezamento:  Local de Trabalho: \_\_\_\_\_ CT Horário Refeição: \_\_\_\_\_

Registro de Ponto:  Normal  Horário Flexível  Isento de Controle Tipo de Mão-de-Obra:  Direta  Indireta

Horista  Mensalista Área: \_\_\_\_\_ CR: \_\_\_\_\_

Gestor Responsável pelo CR: \_\_\_\_\_

Aumento de Efetivo  Substituição: Nome do empregado substituído: \_\_\_\_\_

Chapa do empregado substituído: \_\_\_\_\_

Contratação com  
relação de parentesco

Aprovado  
 Reprovado

Assinatura do VP da Área Contratante

Data

Assinatura do Responsável pelo CR

Data

### Explanation of Proposed Academic Training

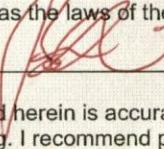
Provide a description of the goals and objectives of your proposed Academic Training:	The goal is to provide industry experience in system development. There's also an opportunity to grow in the company and continue working in Brazil.
Provide a description of how this Academic Training opportunity relates to your program and major. Be precise:	I am a programmer and my Major is Information Systems. I will assist in the development of parts databases for Corporate Aircraft Interior components or systems based on market, product and certification requirements in order to guarantee adherence to quality as well as the overall program cost and schedule goals. I will work planning, modeling and developing a system to the company.
Please describe the day to day activities of this Academic Training:	In order to approve your Academic Training, IIE must have a clear understanding of how you will spend your time and the types of tasks and activities you will be doing. Please provide details!

**Please remember that J-1 visa sponsorship does not allow for Academic Training that includes patient or animal contact, treatment or care.**

Assists Airplane Interior Design Engineers in day to day administrative activities related to parts research and specifications, for the development, integration, validation and certification of aircraft interior components or systems.

### Agreements

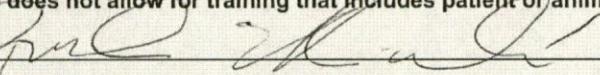
Student Signature: By signing this Request for Academic Training Approval, I hereby certify that the above information is true and correct. I also reconfirm my commitment to comply with section 212(E) of the Immigration and Nationality Act, the two year home residency agreement. My signature below confirms that I will comply with the two-year home country residency requirement and fulfill my obligation to return to Brazil upon completion of the Brazil Scientific Mobility Program. Conclusion of my academic training should not lead to permanent employment in the United States. In addition, I acknowledge and accept that IIE has full discretion to cancel my visa sponsorship at any point should conditions warrant such action, and that I am bound to all provisions and obligations stipulated in my original Terms of Appointment as well as the laws of the United States.

Jaqueleine Passos do Nascimento 

Academic Advisor Signature: I have reviewed the request above and all the information provided herein is accurate. This student's academic performance has been satisfactory in all respects and s/he remains in good standing. I recommend participation in the Academic Training opportunity described above. If unable to recommend, please explain on a separate attached page.

Rodd Newcombe 

Academic Training Supervisor Signature: I confirm that I have reviewed the request above and the information provided is accurate. I am aware that this academic training opportunity authorized under the J-1 Exchange Visitor Program is limited and is not intended to lead to employment in the United States. I will notify IIE immediately should the training arrangements change in any way. **I understand that J-1 visa sponsorship does not allow for training that includes patient or animal contact, treatment or care.**

RoseAnn Wick 

Important to know: **Patient Contact:** Brazil Scientific Mobility Program students, as J-1 visa holders, are not permitted to engage in any position related to clinical care involving patient contact. By signing this form the student, advisor and academic training supervisor confirm that the Exchange Visitor will have no patient contact during the requested academic training opportunity.

**Travel Grace Period:** Following completion of the authorized J-1 program, the US Department of Homeland Security allows J-1s 30 days to settle their affairs, travel within the US and prepare for departure from the US. During this 30-day grace period, J-1s may not continue and/or complete exchange visitor activities; this includes taking classes/final exams, conducting research or participating in academic training. J-1s may travel within the US, but should be aware that travel beyond the borders of the US may complicate re-entry unless the J-1s have a valid tourist visa stamp in their passport.

**Taxes:** J-1s should inquire with the U.S. Internal Revenue Service (IRS) and their State tax authority to determine any income tax liability while in the U.S. J-1s will be required to file an income tax return with the IRS whether or not they incur a tax liability. To file with the IRS J-1s will need a Social Security number (SS #).

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# **THE EMBRAER EXPERIENCE**

## **EMBRAER EXECUTIVE JETS INTERNSHIP EXPERIENCE REPORT**

### **JAQUELINE PASSOS DO NASCIMENTO**

### **MELBOURNE/FL - UNITED STATES OF AMERICA**

### **JUNE TO AUGUST 2015**

At the first day we were received and made a tour inside of the company, knowing where the different departments were and where we were going to be located. I was allocated at the PMO department, chosen by Frank Dilello, my supervisor, due to my resume qualifications.

My first intention was to get to know the department and how it works, and then understand the processes. I was very well oriented. The company was starting to use a new production methodology and a new software to manage its activities, JIRA. I studied the software functions and the Critical Chain Project Management. I readed and studied its concepts seeing how they were applied in real situations.

I Learned about the issues, the dependencies of tasks, resources and time constraints, the tasks that could be done in parallel, and the critical path. I Prepared and updated projects schedules using MS Project, respecting the constraints according to the precedence network and updating the tasks status. Actively participated at meetings with the Project managers and Engineers to discuss the tasks and resources allocations, in order to find possibilities to short the schedule of one Legacy 650 project.

I accessed the CCPM software, visualized all projects statuses, the critical chain, resources usage and its progress, as well as the programs fever chart and kanban boards. Managed the projects, updating kanban activities statuses and completion estimation.

Participated on the INNOVA Week, an event which focus is on stimulating innovation at the company, not only incentivizing new project ideas but also the importance of having a good attitude towards the way we execute the daily activities. The event brought people from Universities such as MIT, Florida Institute of Technology and Central Florida University. Innovative students and professors introduced the University labs and possibilities as well as some of the research projects that were being done, such as a project focused on human robots collaboration, implementing artificial intelligence for the robots to interact intelligently and efficiently with humans at the aircraft production line. I was also able to experiment the augmented reality glass, which projects 3D model on its real size and allows the engineers to view pieces such as a private executive jet bathroom and motor on its original size, after its projection but before its production.

Volunteered on aircraft interior design experiment and survey, visiting the Mockup Room and testing jet configurations.

Participated on the EMBRAER Safety week cultural presentation, where challenges related to cultural differences were discussed and exposed. Learned about diversity on doing cross-cultural business and the importance of proper communication for a global company, as well as how understanding the behavioral differences and adapting to it brings more efficiency to the company.

Personalized JIRA Dashboards applying Data Visualization techniques and design concepts using different graphics and colors, providing global views of the project's progress for different levels of management, allowing the managers to visualize the sprints data and project statuses, as well as the impeded tasks that were blocking the conclusion of the sprints.

PMO MANAGER

STEVEN GUNTHER



8-20-15

May 29, 2015

Re: Academic Training Authorization: Jaqueline Passos Do Nascimento - 15400522

Dear RoseAnn Wick:

This letter is written to confirm that Jaqueline Passos Do Nascimento from Brazil is presently in the United States under the auspices of the Brazil Scientific Mobility Program of the Brazilian Government. The Institute of International Education (IIE) is the contractual administrative agency for this program.

We understand that this Exchange Visitor has been offered a position with Embraer which will provide a program of Academic Training (AT) in Information Sciences & Systems. This training must not be designed to recruit and train aliens for employment in the United States and must comply with the regulations and laws of the U.S. As authorized in the U.S. Code of Federal Regulations, Section 22CFR62.23 (f), we are writing to advise you of our approval of the plans outlined to us for this Academic Training opportunity. No further authorization is required from the Department of Homeland Security's U.S. Citizenship and Immigration Services.

In accordance with the above, I hereby confirm that Jaqueline Passos Do Nascimento has approval to participate in the opportunity below:

AT Site:	Embraer 1400 General Aviation Dr Melbourne, Florida 32935
Supervisor:	RoseAnn Wick
Dates of AT:	6/1/2015 to 8/28/2015
Hours Per Week:	40
Payment amount:	\$ 1,000.00 Monthly

Jaqueline Passos Do Nascimento is not eligible for extension of stay beyond the date given above. Therefore, this Academic Training program should be arranged to ensure completion of activities by the end of the period. Please note that under the J-1 visa regulations, students working in the medical or veterinary fields are to have no direct contact with patients (including animals).

With regards to tax withholdings, as per IRS Publication 519 (2012), U.S. Tax Guide for Aliens, "exchange visitors are temporarily admitted to the United States under section 101(a)(15)(J) of the Immigration and Nationality Act. Social security and Medicare taxes are not withheld on pay for services of an exchange visitor who has been given permission to work and who possesses or obtains a letter of authorization from the sponsor unless the exchange visitor is considered a resident alien."

In order to comply with the U.S. Department of State's sponsor reporting requirements, you must verify that Jaqueline has started the above Academic Training program by signing the Academic Training Verification Form you should receive from her on the first day. You are required to sign this form and return it to Jaqueline so that she may submit it to IIE within ten days of the training start date.

Further, we request that you inform IIE of any changes which may occur in the program as presently outlined. In the interim, do not hesitate to contact Jacqueline Barrett, Corporate Relations Manager, at [JBarrett@iie.org](mailto:JBarrett@iie.org) should you have questions.

Sincerely,

Ramona N. Khan  
Alternate Responsible Officer P-3-00006  
Visa Sponsorship Unit  
Institute of International Education

809 United Nations Plaza, New York, New York 10017 | Tel: (212) 883-8200 | Fax: (212) 984-5484

## ACADEMIC TRAINING VERIFICATION FORM

(To be completed after the Academic Training has started)

The completion of this form is required in order to comply with the U.S. Department of State's sponsor reporting requirements. The form must be signed *after* the Academic Training (AT) has started and submitted to IIE within 10 days of the start date.

**Form Due Date:** 6/11/2015

**Instructions for Student:**

- Bring this form with you on the first day of your Academic Training (AT)
- Obtain your supervisor's signature verifying the information below
  - Upload the signed form to the Participant Self-Service Portal at <https://mycushelp.info/IIE> within 10 days of your AT start date (detailed instructions for uploading the form may be found at <http://www.iie.org/Programs/Brazil-Scientific-Mobility/Current-Students/Materials>)
  - Name the form in the following format using your IIE ID Number: 15XXXXXX\_AT\_Verification
  - Assign the form to the "AT Verification" Document Category and enter "2015" as the Applicable Year
  - If you have moved (even to a different dorm room), update your address while you are in the Participant Self-Service Portal

**Instructions for Academic Training Supervisor:**

- Review the information below and sign to verify that it is correct
- Return the signed form to the student for submission to IIE within 10 days of the AT start date

The Academic Training below has been authorized by Institute of International Education (IIE).

Student Name:	Jaqueline Passos Do Nascimento
IIE ID Number:	15400522
AT Site:	Embraer 1400 Genreal Aviation Dr Melbourne, Florida 32935
AT Supervisor:	RoseAnn Wick
Dates of AT:	6/1/2015 to 8/28/2015
Hours Per Week:	40
Payment amount:	\$ 1,000.00 Monthly

I confirm that the above-named student began the Academic Training opportunity authorized by the Institute of International Education (IIE). I agree to notify IIE immediately should the approved training arrangements change in any way.

RoseAnn Wick FRANK DILELLO Staffing Generalist PROGRAM MANAGER,  
 (Supervisor name) (Supervisor title)

  
 (Supervisor signature) 06/10/2015  
 (Date)

Change of Academic Training (AT) Supervisor: If you are the new AT supervisor and have signed this form, but your name is not listed as the Academic Training Supervisor above, please provide a brief explanation below of the circumstances surrounding the change in supervisor. Only the AT Supervisor should sign this form.

THE PROGRAM MANAGEMENT DEPARTMENT IS MOST APPROPRIATE TO THE INTERN'S FIELD OF STUDY.