

It is important that all information you provide on this application is complete and accurate. Your failure to give complete, accurate answers could be grounds for not selecting you or terminating your internship after you begin.

DATE	OUTCOME

9. Have you ever been employed by a congressional office other than ours? Yes _____ No _____
If so, give dates of employment/internship and name of office.

DATES OF EMPLOYMENT/INTERNSHIP	NAME OF OFFICE

EMPLOYMENT EXPERIENCE

10. (a) List most recent job first, etc. You must account for all periods of unemployment.
[Note: You may attach additional pages if necessary.]
- (b) If currently employed, may we contact your present employer? Yes ____ No ____ Not Yet ____

Name of Present or Most Recent Employer	From Month/Year	To Month/Year
Full Address and Telephone Number		
Your Position	Name and Title of Your Immediate Supervisor	
Duties & Responsibilities	Current Salary/Salary at Leaving	
If you are no longer employed, reason for leaving		

Next Previous Employer	From Month/Year	To Month/Year
Full Address and Telephone Number		
Your Position	Name and Title of Your Immediate Supervisor	

Duties & Responsibilities		Salary at Leaving
Reason for Leaving		
Next Previous Employer	From Month/Year	To Month/Year
Full Address and Telephone Number		
Your Position		Name and Title of Your Immediate Supervisor
Duties & Responsibilities		Salary at Leaving
Reason for Leaving		

EDUCATION AND TRAINING

11. Please list your educational background.

LEVEL	SCHOOL/CITY	MAJOR SUBJECTS	GRADUATE?		DIPLOMA OR DEGREE RECEIVED
			Yes	No	
High School					
College					
Professional or Vocational					
Other Training (If relevant, including skills obtained during military service.)					

SKILLS AND ACCOMPLISHMENTS

12. List the title and year of any honors or awards you have received that would be relevant to a legislative internship.

HONOR/AWARD	YEAR RECEIVED

13. List any qualifications or skills that would be relevant to a legislative internship (e.g., skills with computers, public speaking experience and writing experience).

14. List any job-related licenses or certificates you have obtained.

LICENSE/CERTIFICATE	DATE OF LAST LICENSE/CERTIFICATE	STATE OR OTHER LICENSING AGENCY

15. If you have ever been granted a security clearance by any governmental agency, indicate level of clearance, when granted, and by whom.

REFERENCES

Please list three employer references. If you do not have three employer references, you may list academic references.

NAME	TELEPHONE & ADDRESS	OCCUPATION	YEARS KNOWN