

INTERNSHIP APPLICATION

Please type or print neatly

Your Name: _____

Permanent Address: _____
Street Address

_____ Phone: _____
City/State/Zip

Local Address: _____
Street Address

_____ Phone: _____
City/State/Zip

E-mail Address: _____

D.O.B.: _____ Are you a U.S. Citizen? _____

Social Security Number: _____ If no, what country? _____

Are you a MT resident? _____

Have you ever served as a Congressional intern? If so, for how long? _____

Have you ever been convicted of a felony? If so, please explain. _____

Work Availability: (Please note that the office hours are 9:00 a.m. – 7:00 p.m., Monday through Friday)

Full Time: _____ Part Time: M _____ T _____ W _____ TH _____ F _____

I will _____ I will not _____ receive academic credit for my internship

Signature: _____ Date: _____