

# Office of Senator Blanche Lincoln – Spring 2009 Internship Application Form



PLEASE TYPE OR PRINT LEGIBLY

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Gender: \_\_\_\_\_

Current (School) Address

Permanent Address:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Email: \_\_\_\_\_

Current Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of parents or legal guardians: \_\_\_\_\_

Are you a U.S. citizen? yes \_\_\_\_\_ no \_\_\_\_\_

Are you a registered voter? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, in what state \_\_\_\_\_

ACADEMIC INFORMATION

College/University: \_\_\_\_\_

School's Address: \_\_\_\_\_

Circle One: Undergraduate Graduate Law Not presently a student

Current Year: Sophomore Junior Senior Other\_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

List of College Activities (if not included on resume):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

High School Graduated and Year: \_\_\_\_\_

AVAILABILITY

**Dates available for internship:** \_\_\_\_\_  
*(for example: Jan 12<sup>th</sup> – May 15<sup>th</sup>)*

**Number of Hours Available per week:** \_\_\_\_\_

**As best you can, please list on what days and at what times you are available:**

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Is this internship for academic credit? yes \_\_\_\_\_ no \_\_\_\_\_

What federal issues interest you most?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## ESSAY

On a separate sheet of paper, answer the following question in 100 words or less:

*Why are you applying to participate in Senator Lincoln's internship program?*

## SECURITY QUESTIONS

*Have any disciplinary or administrative actions (i.e. probation, suspension, expulsion) been taken against you by your school or are any pending? yes \_\_\_\_\_ no \_\_\_\_\_*

*Have you ever been charged with or convicted of any criminal offense, DUI/DWI or misdemeanor offense? yes \_\_\_\_\_ no \_\_\_\_\_*

*Have you ever used, possessed, supplied or manufactured any illegal drugs? yes \_\_\_\_\_ no \_\_\_\_\_*

If you answered "Yes" to any questions mentioned above, please explain and include the dates of the actions on a separate page.

## CERTIFICATION

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly false answers will lead to the rejection of my application or immediate dismissal from the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CHECKLIST

Your application packet must include all of the following in order to be considered:

- Completed application form \_\_\_\_\_
- Current Resume \_\_\_\_\_
- Essay \_\_\_\_\_
- 3 references \_\_\_\_\_

***Please fax to:***

*The office of U.S. Senator Blanche L. Lincoln  
(202) 228-1371*

*Attention: Emily Hildebrand*