Office of Congressman James P. Moran

Full Name:
Email Address:
Home Telephone #:
School/Work #:
Home Address:
School Address:
Education Summary (Fill in where applicable):
High School, Location, Date of Graduation:
College, Major, Date of Graduation:
Conege, Major, Date of Graduation.
Graduate School, Degree, Date of Graduation:
Will you be receiving academic credit for this internship?
Availability:Part TimeFull Time
Hours

Days Availa	able:			
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
Beginning I	Date	Ending Date		_
		Work F	Experience:	
Please feel f	ree to use an e	xtra sheet if neces	sary-or attach a	resume.
-	you presently e rence):	employed? (If yes,	give a job descri	ption, include your boss as a
• Have	e you previousl	y been an intern o	on Capitol Hill?	(Please list):
• Have	e you held othe	r paid or voluntee	er positions? (Ple	ase list and describe):
• Are	you involved in	extracurricular o	or community ac	tivities?

References (Attach an additional sheet, if necessary):

List three references, include: name, address, telephone number(s) and relationship to yo	u
1.)	
2.)	
3.)	

Statement

Please explain why you are interested in working for Congressman Moran as an intern and what you hope to accomplish during such an internship. This statement will also serve as your writing sample and should be no more than 500 words.