



Michael D. Crapo
United States Senator
Idaho

Personal Information

Last Name: _____ First: _____ Middle initial _____

Current Address

Street/Box #: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Cell Phone Number: _____ E-mail Address: _____

Permanent Address (if different than above)

Street/Box #: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Check all that apply:

- I am a U.S. resident
- I am an Idaho resident
- My parents/guardian reside in Idaho
- I attended high school in Idaho

Educational Information

High School Attended: _____ Year Graduated: _____

College/University Attended: _____

GPA: _____ Graduation Date: _____

Degree Sought/Earned: _____

Majors/Minors: _____

Political Science Courses: _____

Writing Skills/Journalism Courses: _____



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Internship Application
Page 2 of 5

School, club and civic involvement: _____

Honors, awards, formal recognition received: _____

Work Experience

Employment and volunteer service: _____

With which of the following programs or programming languages are you familiar?

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Windows XP | <input type="checkbox"/> Dreamweaver | <input type="checkbox"/> Outlook/Exchange |
| <input type="checkbox"/> Adobe InDesign | <input type="checkbox"/> Fireworks | <input type="checkbox"/> HTML/XML |
| <input type="checkbox"/> Office XP | <input type="checkbox"/> Photoshop | <input type="checkbox"/> Java |

Computer/Typing Skills: _____

Other Applicable Skills and Information: _____



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Internship Application
Page 3 of 5

Internship Information

Which semester are you applying for? _____

Will you receive credit for this internship? _____

If so, who is your internship advisor?

Name and Title: _____

Phone Number: _____ E-mail: _____

Department/Office: _____

I am interested in an internship in the following areas:

Washington, DC

State Office (circle one): Boise Coeur d'Alene Idaho Falls Lewiston Pocatello Twin Falls

Emergency Contact Information

In case of emergency, contact:

Primary Contact:

Last Name: _____ First Name: _____

Relationship: _____

Work Phone Number: _____ Home Phone Number: _____

Address: _____

E-mail Address: _____

Secondary Contact:

Last Name: _____ First Name: _____

Relationship: _____

Work Phone Number: _____ Home Phone Number: _____

Address: _____

E-mail Address: _____



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Internship Application

Page 4 of 5

Please provide the following information with your completed application:

1. Brief Essay (250 words) explaining what you expect to achieve both professionally and personally during your internship with Senator Crapo.
2. Current résumé
3. Unofficial college transcript or certificate of enrollment
4. Three Letters of recommendation



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Internship Application
Page 5 of 5

Statement of Equal Employment Policy

The office of Senator Michael D. Crapo is an equal employment opportunity employer in accordance with the requirements of Senate rules and regulations and applicable federal laws.

I HEARBY CERTIFY that all the foregoing information I have supplied in this application is correct and complete. Furthermore, I understand that any falsification or omission of any information may be grounds for not employing me or for dismissing me. I give the Office permission to contact any or all of my previous employers (except my current employer if I have so indicated above), my references and my schools for full information.

Applicant Initials: _____

If employed and in consideration of my employment, I agree to conform to the rules and regulation of the Office. My employment may be terminated with or without cause and without any notice, at any time, at the option of either my employer or me. I understand that no representative of the Office except John Hoehne or Susan Wheeler has any authority to enter into any agreement of employment for any specific period or to make any agreement contrary to the foregoing.

I understand that the employees of the Office of Senator Michael D. Crapo are at-will employees. Nothing in this application alters an employee's at-will status.

PLEASE DATE AND SIGN HERE:

Applicant Signature: _____ Date: _____

Please submit this application by the deadline listed below.

Spring: November 1st

Summer and Fall: April 1st

Applications received after the deadline will not be accepted.

Due to security restrictions on Capitol Hill, mail is delayed for testing at least five business days. Faxed applications are preferred. You may fax this application to the attention of Casey Attebery in Senator Crapo's Washington, D.C. Office at 202-228-1375.

Additional copies of this application can be downloaded at <http://crapo.senate.gov>.