



Internship Application Form

PLEASE TYPE OR PRINT LEGIBLY

Please **rank** the offices(s) for which you would like to intern:

Lincoln, NE: _____ Omaha, NE: _____ Washington DC: _____

Please check the session for which you are applying:

Spring Session (January – May): _____

Summer First Session (May – June): _____

Summer Second Session (July – August): _____

Fall Session (September – December): _____

***** The Lincoln, NE Summer internship runs from May through August and is only one session *****

PERSONAL INFORMATION

Full name: _____ Today's Date: _____

Social Security Number: _____ - _____ - _____ Date of birth: _____

Place of Birth: _____ (City/State and Country if not in USA)

Permanent Address:

School Address:

Email: _____



Permanent Phone: _____ School Phone: _____

Cell Phone: _____ Work Phone: _____

Are you registered to vote? _____ yes _____ no If yes, what state: _____

Prior Campaign/Political/Experience: _____

Political areas of Interest: _____

ACADEMIC INFORMATION

College/University: _____

Year in School: _____ Year of Graduation: _____

GPA: _____ Major: _____

Are you receiving or do you plan to receive academic credit for your internship:

Yes: _____ No: _____ Not Sure: _____

SECURITY QUESTIONS:

Have any disciplinary or administrative actions (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, DWI, drug or misdemeanor offense?

Yes: _____ No: _____

If you answered yes, please explain:

CERTIFICATION

My statements on this form and any attachments to it are true, complete and correct to the best of my knowledge and 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: _____