

**The Honorable John Kline  
Internship Application**

Washington, D.C. Office  
2439 Rayburn HOB  
Washington, DC 20515  
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101 West Burnsville Parkway #201  
Burnsville, MN 55337  
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[kline.house.gov](http://kline.house.gov)

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**PLEASE COMPLETE THE FOLLOWING AND INCLUDE A COPY OF YOUR RESUME**

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Internship Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Availability**

Date Range Available: \_\_\_\_\_ to \_\_\_\_\_

Time Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

## Education

High School: \_\_\_\_\_ Years Attended: \_\_\_\_\_ GPA: \_\_\_\_\_

College: \_\_\_\_\_ Years Attended: \_\_\_\_\_ GPA: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate: \_\_\_\_\_ Years Attended: \_\_\_\_\_ GPA: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Is this internship for course credit? Yes No

Note that we require a minimum of 12 work hours per week to offer authentication. If this internship is for course credit, provide specific course requirements at the end of this application.

## Work Experience

Company: \_\_\_\_\_ Position: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date Range: \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date Range: \_\_\_\_\_ to \_\_\_\_\_

## Political Experience

Are you a registered voter? Yes No

What, if any, is your registered affiliation? Republican Democrat Independent/Other

Have you ever worked on a political campaign? Yes No

Candidate: \_\_\_\_\_ Legislative Body: \_\_\_\_\_

District/State: \_\_\_\_\_ Date Range: \_\_\_\_\_ to \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Candidate: \_\_\_\_\_

Legislative Body: \_\_\_\_\_

District/State: \_\_\_\_\_

Date Range: \_\_\_\_\_ to \_\_\_\_\_

Responsibilities: \_\_\_\_\_

### Computer Skills

List any programs you are proficient in: \_\_\_\_\_

\_\_\_\_\_

### Personal Responses

*Please use the following space to answer the questions succinctly as possible.*

Provide a brief statement of your long-term goals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why would you like to work in Congressman Kline's office?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you intend this internship to be used for a class credit? If so, what are your course requirements? Please be specific and explain any documentation need for your school from Congressman Kline's Office.

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