

Congressman
RICHARD BAKER



Intern Application Form

Int _____

First Name _____ MI _____ Last or Family Name _____

Parent(s) Name(s) _____
Mother _____ Father _____

Parent(s) Address: _____

City: _____ State: _____ Zip: _____

Parent(s) telephone number: (_____) _____ - _____

Date of Birth _____ / _____ / _____ Sex: M _____ F _____ Age: _____

School _____ Field of Study _____

Expected date of Graduation: _____

Dates Available: First Choice: From _____ / _____ / _____ until _____ / _____ / _____

Second Choice: From _____ / _____ / _____ until _____ / _____ / _____

Permanent Mailing
ADDRESS: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____
Home: (_____) _____ - _____ School: (_____) _____
Work: (_____) _____ - _____

Have you enclosed the following?

Application Form	_____	Check Off
Copy of Transcript	_____	
Resume	_____	
Letter of Recommendation #1	_____	
Letter of Recommendation #2	_____	
Writing Sample	_____	

OFFICE USE ONLY

Confirmed	Yes _____ No _____
Intern	_____
Application Complete	Yes _____ No _____
_____	_____
_____	_____