

CONGRESSMAN PATRICK J. TIBERI

Congressional Internship Application

Full Name: _____

Temporary Address: _____

Phone Number: (____) _____ Current Until: _____

Permanent Address: _____

Phone Number: (____) _____

Birth date: _____

Are you registered to vote? Yes _____ No _____

If so, where? _____

If you are not a resident of Ohio, do you have relatives from the state? Have you spent any time there? Please explain.

High School Name and Location: _____

Date of Graduation: _____

Offices/Honors/Awards: _____

Extracurricular Activities: _____

College Name and Location: _____

Concentrated Area of Study: _____

Dates of Attendance: _____

Intended Date of Graduation: _____

Offices/Honors/Awards: _____

Extracurricular Activities: _____

Begin with the most recent position held. Include name of firm/organization, dates of employment, job title and duties:

Office Skills:

Have you had any previous office experience (answering phones, faxing, filing, etc)?

Yes _____ No _____

Computer Experience? Please Explain:

Other qualifications/talents that may contribute to an office environment?

Please Explain:

Why do you want to be an intern in a congressional office? What do you hope to gain from your internship?

Are there any issues that are of particular interest to you?

What are your long-term professional goals?

Do you plan to gain course credit from your internship?

Yes _____ No _____

Applying for:

_____ Spring (Jan-May)

_____ Summer (June-July)

_____ Summer (July-Aug)

_____ Fall (Sept-Dec)

Would you like to receive information on intern housing opportunities?

Yes _____ No _____

REFERENCES:

Please list the name, telephone number and relationship for each reference in the space below:

Name: _____

Telephone Number: (____) _____

Relationship: _____

Name: _____

Telephone Number: (____) _____

Relationship: _____

PLEASE COMPLETE AND RETURN TO:

Intern Coordinator

Patrick J. Tiberi

113 Cannon HOB

Washington, D.C. 20515