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#### **Personal Information**

Last Name:		First:	Middle initial
Current Address			
Street/Box #:		City:	
State:	Zip: F	Phone Number:	
Cell Phone Number:		E-mail Address:	
Social Security Number: _			
Permanent Address (if d	ifferent than above	e)	
Street/Box #:		City:	
State:	Zip:	Phone Number: _	
Check all that apply:			
I am an Idaho resid	dent		
☐ My parents/guardia	an reside in Idaho		
☐ I attended high sch	nool in Idaho		
Educational Information			
High School Attended:			Year Graduated:
College/University Attende	d:		
GPA: Grad	luation Date:		
Degree Sought/Earned:			
Majors/Minors:			
Political Science Courses:			
Writing Skills/Journalism C	ourses:		

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School	, club and civic involvement:				
			·		
Honors	s, awards, formal recognition rece	eived:			
Work E	Experience				
Employ	ment and volunteer service:				
With w	hich of the following programs or	progi	ramming languages are you famili	ar?	
	Windows XP		Dreamweaver		Outlook/Exchange
	Adobe InDesign		Fireworks		HTML/XML
	Office XP		Photoshop		Java
Compu	ter/Typing Skills:				
Other A	Applicable Skills and Information:				



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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 are	eas:
☐ Washington DC	
☐ State Office	
<b>Emergency Contact Information</b>	
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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Please provide the following information with your completed resume:

- 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. Three references (name, title, contact address and phone number). References may be sent with the application or separately.
- 4. Unofficial college transcript or certificate of enrollment

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#### 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 of omission of any information may be ground
for mot 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 confirm 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 Peter
Fischer, John Hoehne, Ryan Ringel, has any authority to enter into any agreement of employment for a
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. Nothin
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 not postmarked by 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 Ryan Ringel 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.