Internship Application Page 1 of 6

Personal Information

ast Name:		First:	Middle initial
Current Address			
Street/Box #:		City: _	
State:	Zip:	Phone Number:	
Cell Phone Number	:	E-mail Address: _	
Permanent Addres	ss (if different than	above)	
Street/Box #:		City:	
State:	Zip:	Phone Number: _	
Check all that apply	:		
I am a U.S.	resident		
l am an Ida	ho resident		
My parents/	/guardian reside in I	daho	
I attended h	nigh school in Idaho		
Educational Inform	<u>nation</u>		
High School Attended:			Year Graduated:
College/University A	Attended:		· · · · · · · · · · · · · · · · · · ·
GPA:	_ Graduation Date:		
Degree Sought/Ear	ned:		
Majors/Minors:			
Political Science Co			
Writing Skills/Journa	alism Courses:		

Internship Application Page 2 of 6

School, club and civic involvement:				
				
Honors, awards, formal recognition rec	ceived:			
Work Experience				
Employment and volunteer service:				
With which of the following programs of	or programming languages are vo	u familiar?		
Windows XP	Dreamweaver	Outlook/Exchange		
Adobe InDesign	Fireworks	HTML/XML		
Office XP	Photoshop	Java		
Computer/Typing Skills:				
Other Applicable Skills and Information	n:			



Internship Application Page 3 of 6

Background Information

For questions in this section -,

<u>Include</u> convictions resulting from a plea of nolo contendere (no contest).

Omit: (a) traffic fines of \$100.00 or less;

- (b) any conviction set aside under the Federal Youth Corrections Act or similar state law(Juvenile records);
- (c) any conviction whose record was expunged under federal or state law.

If you answer "Yes" to any of the questions below, provide your explanation(s).

A "Yes" answer will not necessarily disqualify you for employment.

	YES	NO
Have you ever been convicted of, or forfeited collateral for, a felony violation? Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under state law which are punishable by imprisonment of two years or less.		
Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation?		
Are you now under charges for any violation of law?		
During the last 10 years, have you been convicted, forfeited collateral, been imprisoned, been on probation or been on parole?		
Have you ever been convicted by a military court-martial?		
Have you ever had a security clearance suspended, denied or revoked?		
If you answered "Yes" to ANY of the questions above, explain each violation and give the dat occurrence and the name/address of the police or the court involved. REMEMBER, a "YES" will not necessarily disqualify you for employment.		



E-mail Address:

Internship Application Page 4 of 6

Internship Information				
Which semester are you applying for	r?			
Will you receive credit for this interns	ship?			
If so, who is your internship advisor?				
Name and Title:				
Phone Number:	E-mail:			
Department/Office:				
I am interested in an internship in the	e following areas:			
Washington, DC				
State Office (circle one): Bo	ise Coeur d'Alene Idaho	Falls Lewiston	Pocatello	Twin Falls
Emergency Contact Information				
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:			-	



Internship Application
Page 5 of 6

Please provide the following information with your completed application:

- 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. Unofficial college transcript or certificate of enrollment
- 4. Three Letters of recommendation

Internship Application Page 6 of 6

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.

the requirements of estitute raises and regulations and applicable readital 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 or omission of any information may be grounds
for not 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 conform 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 John
Hoehne or Susan Wheeler has any authority to enter into any agreement of employment for any 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. Nothing
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: March 1st

Applications received after 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 Kyra Maples 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.