INTERNSHIP APPLICATION FORM FOR THE OFFICE OF SENATOR RAND PAUL

It is important that all information you provide on this application is complete and accurate. Your failure to give complete, accurate answers could be grounds for not selecting you or terminating your internship after you begin.

GENERAL INFORMATION

Name:			
	Last	First	Middle
Address:			
Home/Mobile	Telephone:	Work Tele	ephone:
E-mail Addres	s:		
Are you over 1	8 years of age? Yes_	No	
If selected for ☐ Yes ☐ I		I could truthfully certify that I am i	in the United States legally.
citizen; or (2) 8 U.S.C. § 132 under 8 U.S.C resident and th	I am lawfully admitted (4b(a)(3)(B); <u>or</u> (3) I a . § 1158 and (ii) I hav	e filed a declaration of intention to gible; or (4) I owe allegiance to the	seeking citizenship as outlined in 8 U.S.C. § 1157 or granted asylum become a lawful permanent
□ Yes □ 1	No		
Availability:	Full Time	Part Time	
Date Available	e for Internship:		
If so, give date	* *	ship with our office before? Ye of outcome (including the dates of .	
DATE		OUTCOME	

11.		Have you ever had an internship (paid or unpaid) other than with our office? Yes No					
	If so, give dates of employment/internship and name of office.						
		DATES OF EMPLOYMENT/INTERNSHIP		NAME OF OFFI	СЕ		
	<u>L</u>	EMPLOYMENT	EVDEDIE	INCE			
12.	(a)	List most recent job first, etc. You must a [Note: You may attach additional pages if	ccount for all p		nent.		
	(b)	If currently employed, may we contact you	ır present empl	oyer? Yes No	Not Yet		
Name	of Prese	nt or Most Recent Employer		From Month/Year	To Month/Year		
Full A	ddress a	nd Telephone Number					
Your 1	Position		N	ame and Title of Your	Immediate Supervisor		
Duties	s & Respo	onsibilities		Current Sala	ary/Salary at Leaving		
If you	are no lo	onger employed, reason for leaving					
Next I	Previous	Employer		From Month/Year	To Month/Year		
Full A	ddress a	nd Telephone Number					
Your 1	Position		N	ame and Title of Your	Immediate Supervisor		
Duties	s & Respe	onsibilities			Salary at Leaving		
Reaso	n for Lea	aving					

Next Previous Employer	From Month/Year	To Month/Year			
Full Address and Telephone Number					
Your Position N	ame and Title of Your l	Immediate Supervisor			
Duties & Responsibilities		Salary at Leaving			
Reason for Leaving					
EDUCATION AND TRAIL 13. Please list your educational background.	NING				
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	COMOON (CALLY)	MA YOU GAID HE CITE	GRADUATE?		DIPLOMA OR
LEVEL	SCHOOL/CITY	MAJOR SUBJECTS	Yes	No	DEGREE RECEIVED
High School					
College					
Professional or Vocational					
Other Training (If relevant, including skills obtained during military service.)					

ACCOMPLISHMENTS

14. List the title and year of any honors or awards you have received that would be relevant to a legislative internship.

HONOR/AWARD	YEAR RECEIVED

	1 0	xperience and writing experience).	
List any job-	-related licenses o	or certificates you have obtained.	
LICENSE/CER	RTIFICATE	DATE OF LAST LICENSE/CERTIFICATE	STATE OR OTHER LICENSING AGENCY
II you have t		a security clearance by any government	HALAGEROV. HICHCARE REVEL OF
	rhen granted, and	by whom.	
clearance, w	F	PERSONAL STATEMENTS areas most important to you.	
clearance, w	F	PERSONAL STATEMENTS	
clearance, w	F	PERSONAL STATEMENTS	
clearance, w	F	PERSONAL STATEMENTS	

E	xplain the characteristics that best describe you.
_	
W	That career goals would you like to have accomplished in 5-10 years?
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If	you were given \$1,000,000 and told to advance liberty, how would you spend it?
_	

V	What do you consider your greatest life accomplishment so far?
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Γ	Describe your political philosophy.
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V	What do you want to get out of an internship with Senator Rand Paul and why do you want an internshi with his office?
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_	
_	
_	
V	What policy positions of Senator Paul's do you agree with? Which to you disagree with?
_	

INSTRUCTIONS FOR QUESTIONS 25-30 If you answer "Yes" to any of the questions below, provide your explanation(s) in item 31. A "Yes" answer will not necessarily disqualify you from an internship. For questions 25-30, include convictions resulting from a plea of nolo contendere (no contest). For questions 26-30, omit: (a) traffic fines of \$100.00 or less; (b) any conviction set aside under the Federal Youth Corrections Act or similar state law; and (c) any conviction whose record was expunged under federal or state law. YES No. 25. During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems?
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26. 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.
27. Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation?
28. Are you now under charges for any violation of law?
29. During the last 10 years, have you been convicted, forfeited collateral, been imprisoned, been on probation or been on parole? Do not include violations reported in 25, 26 or 27, above.
30. Have you ever been convicted by a military court-martial?
31. Have you ever had a security clearance suspended, denied or revoked?

32.	If you answered "Yes"	to question 25, explain for each job the problem(s) and your reason(s) for leaving.	Give the
employ	er's name and address.	(Use the box below.)	

If you answered "Yes" to question(s) 26-30, explain each violation and give the date, place of occurrence and the name/address of the police or the court involved. (Use the box below.)

[Note: If you attach additional pages please include the item number.]

If you answered "Yes" to question 31, explain the reason(s) for the suspension, denial or revocation, the date of the suspension, denial or revocation, and governmental entity that suspended, denied or revoked the security clearance.

Item No.	Date (Mo./Yr.)	Explanation	Mailing Address		
			Name of Employe	er, Police or Court	
			City	State	Zip Code
			Name of Employe	er, Police or Court	
			City	State	Zip Code
			Name of Employe	er, Police or Court	
			City	State	Zip Code

REFERENCES

Please list three employer references. If you do not have three employer references, you may list academic references.

NAME	TELEPHONE & ADDRESS	OCCUPATION	YEARS KNOWN

STATEMENT OF EQUAL EMPLOYMENT POLICY

The Office of Senator Rand Paul is an equal employment opportunity employer in accordance with the requirements of Senate rules and regulations and applicable federal laws.

PARTICIPATION IN E-VERIFY PROGRAM

The law requires this office to comply with the E-Verify Program established by the Department of Homeland Security (DHS) and the Social Security Administration (SSA). If you are selected by our Office for a paid internship or will receive other remuneration from our Office, the Office will verify with the DHS and the SSA that you are eligible for employment in the United States.

CERTIFICATION, RELEASE AND SIGNATURE

I certify that all of the information I have supplied on this application is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application, or the withholding or omission of any information requested on this application, may be grounds for not selecting me for an internship, or for terminating my internship after I begin, and may be punishable by fine or imprisonment (U.S. Code, Title 18 Sec. 1001).

I understand that any information I give may be investigated and that the Office of Senator Rand Paul reserves the right to conduct a background check, which may include a reference check, searches conducted on the Internet, and/or a criminal background check. **I consent** to such a background check and to the release of information about my ability and fitness for an internship with the Office of Senator Rand Paul by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Office of Senator Rand Paul. I understand that for financial or lending institutions, medical institutions, hospitals, healthcare professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

If selected as an intern and in consideration of my internship, I agree to conform to the applicable rules and
regulations of the United States Senate and the Office of Senator Rand Paul. It is the policy of the Office of
Senator Rand Paul that if I maintain a public, non-password-protected presence on any blog (including, without
limitation, social and professional networking sites, social media sites, blog sites, media sites, and local and
national political blogs and websites), I will be required to disclose that information to the when I
start my internship. This obligation is ongoing and applies even if I create, maintain, supplement, comment on,
and/or edit the blog on my own time and using my own equipment.

My internship may be terminated with or without cause and with or without notice, at any time, at the option of either the Office or me. I understand that no representative of the Office of Senator Rand Paul, except the Chief of Staff, has any authority to make any agreement contrary to the foregoing. Any such agreement between the Chief of Staff and me must be in writing.

I understand that interns of the Office of Senator Rand Paul are at-will. Nothing in this application alters an intern's at-will status.

I have read and understand all of the above.	
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Applicant's Signature	
Date (month, day, year)	