INTERNSHIP APPLICATION FORM FOR THE SENATE BUDGET COMMITTEE, REPUBLICAN STAFF

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

1.	Name:			
	La	ast	First	Middle
2.	Address:			
3.	Home/Mobile Te	elephone:	Work Te	elephone:
4.	E-mail Address:			
5.	Are you over 18 years of age? Yes No			
6.		selected for an unpaid internship, I could truthfully certify that I am in the United States legally. Yes \Box No		
7.	If selected for a paid internship, I could truthfully certify one of the following: (1) I am a United States citizen; <u>or</u> (2) I am lawfully admitted for permanent residence and am seeking citizenship as outlined in 8 U.S.C. § 1324b(a)(3)(B); <u>or</u> (3) I am (i) admitted as a refugee under 8 U.S.C. § 1157 or granted asylum under 8 U.S.C. § 1158 and (ii) I have filed a declaration of intention to become a lawful permanent resident and then a citizen when eligible; <u>or</u> (4) I owe allegiance to the United States under the law. <i>See</i> Pub L. 113-235 § 704 (Dec. 16, 2014).			
	\Box Yes \Box No)		
8.	Availability:	Full Time	Part Time	
9.	Date Available for Internship:			
10.	Have you ever applied for an internship with our committee before? Yes No If so, give date and brief description of outcome (including the dates of your internship if you have been an intern with our office previously).			
	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 OFFICE/COMMITTEE

EMPLOYMENT EXPERIENCE

12. (a) List most recent job first, etc. You must account for all periods of unemployment.

(b) If currently employed, may we contact your present employer? Yes _____ No ____ Not Yet _____

Name of Present or Most Recent Employer	From Month/Year	To Month/Year			
Full Address and Telephone Number					
Your Position Name and Title of Your Immediate Supervisor					
Duties & Responsibilities	Duties & Responsibilities Current Salary/Salary at Leavin				
If you are no longer employed, reason for leaving					
Next Previous Employer	From Month/Year	To Month/Year			
Full Address and Telephone Number					
Your Position Name and Title of Your Immediate Supervisor					
Duties & Responsibilities		Salary at Leaving			
Reason for Leaving					

Next Previous Employer	From Month/Year	To Month/Year			
Full Address and Telephone Number					
Your Position N	Name and Title of Your Immediate Supervisor				
Duties & Responsibilities		Salary at Leaving			
Reason for Leaving					

EDUCATION AND TRAINING

13. Please list your educational background.

		MAJOR SUBJECTS	GRADUATE?		DIPLOMA OR
LEVEL	SCHOOL/CITY		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

15. List any qualifications or skills that would be relevant to a legislative internship (*e.g.*, skills with computers, public speaking experience, and/or writing experience).

16. List any job-related licenses or certificates you have obtained.

LICENSE/CERTIFICATE	DATE OF LAST LICENSE/CERTIFICATE	STATE OR OTHER LICENSING AGENCY

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PERSONAL STATEMENTS

17. List the legislative issue areas most important to you and briefly explain why.

18. What career goals would you like to have accomplished in 5-10 years?

19. What do you hope to gain from an internship with the Senate Budget Committee?

REFERENCES

Please submit the following along with completed application form:

- Cover letter
- Resume
- Reference Sheet
- 2 letters of recommendation

STATEMENT OF EQUAL EMPLOYMENT POLICY

The Senate Budget Committee 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 Senate Budget Committee 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 Senate Budget Committee by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Senate Budget Committee. 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 Senate Budget Committee. I understand that the Senate Budget Committee has an interest in knowing when its interns are using social media or other Internet resources to make statements that may be accessed by those who interact with the Senate Budget Committee and/or by the public at large. Accordingly, it is the policy of the Senate Budget Committee 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 intern supervisor 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 Committee or me.

I understand that interns of the Senate Budget Committee are at-will. Nothing in this application alters an intern's at-will status.

I have read and understand all of the above.

Applicant's Signature

Date (month, day, year)

Please email your completed application to the intern coordinator, Republican staff, <u>Grace_Bruno@budget.senate.gov</u>.