

UNITED STATES SENATOR JOHN CORNYN

APPLICATION FOR INTERNSHIP

Read this application thoroughly before completing it. Please type.

PERSONAL

Name: _____
(Last) (First) (Middle)

Permanent Address: _____

Telephone: (home) _____ (office) _____ (cell) _____

Email Address: _____

Are you authorized to work in the United States?: _____

Do you have a government issued photo ID?: _____

EDUCATION

High School: _____

Undergraduate: _____ Current GPA: _____

School Address: _____

Degree/Major/Minor: _____

Classification: _____ Expected Graduation Date: _____

INTERNSHIP PREFERENCES

Please select which internship session you are available to work as well as your top three office locations preferences. For the specific dates of each session please see the website:

Session Available:

Spring Semester

Summer Session 1

Summer Session 2

Fall Semester

Locations Desired (please rank):

Austin

Dallas

Houston

Lubbock

Tyler

San Antonio

Washington, DC

PERSONAL REFERENCES

Please give the names of two persons not related to you who are supplying your letters of recommendation.

(Name)

(Occupation)

(Telephone Number)

(Name)

(Occupation)

(Telephone Number)

CERTIFICATION

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

(Signature of Applicant)

(Date)