

Internship Application

Full Name	<input type="text"/>		
Date of Birth	<input type="text"/>	E-mail Address	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/>
Day Phone	<input type="text"/>	Eve. Phone	<input type="text"/>
SSN	<input type="text"/>	Citizenship	<input type="text"/>

Are you a Montana Resident? Yes No
Will you receive academic credit for your internship? Yes No

If your response to either of the following questions is yes, please submit an addendum to explain the circumstance.

Have you ever been a Congressional Intern? Yes No
Have you ever been convicted of a felony? Yes No

Work Availability

(Please note: office hours are Monday through Friday, 9:00 a.m. to 7:00 p.m. in D.C. and 8:00 a.m. to 5:00 p.m. in Montana.)

Full Time Part Time

If Part Time, please indicate the hours you will be available to work each day of the week:

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>

Signed Date