

OFFICE OF SENATOR MARK BEGICH

Internship Application for the Washington, DC Office

APPLICANT INFORMATION			
First Name	Last Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If no, are you authorized to work in the U.S.?	
Have you ever worked for this Federal Government?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If so, when?	
Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? Omit (1) traffic fines, (2) any offense committed before your 18 th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under Federal or State law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar authority. (A yes response will not necessarily disqualify you from employment)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Email Address	
Full Name	Relationship
Company	Phone ()
Email Address	
Full Name	Relationship
Company	Phone ()
Email Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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