

**Internship Application
Congressman John Kline**

Part I

Name: _____ Date: _____

Please indicate available dates for internship: _____ to _____

Please indicate day to day availability: _____ to _____

Permanent address: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Address during Internship: _____ Apartment: _____

E-mail address: _____

Phone Numbers:

() _____ - _____ (Day)

() _____ - _____ (Evening)

() _____ - _____ (Cell)

() _____ - _____ (Phone Number during Internship)

Social Security Number: _____

Are you a U.S. Citizen? _____ (Yes) _____ (No)

If not, are you a permanent resident? _____ (Yes) _____ (No)

Emergency Contact Information (Please list two):

Name: _____

Phone: () _____ - _____

Name: _____

Phone: () _____ - _____

Education:

	Institution	Years Attended	Field of Study	GPA	Degree
High School					
College					
Post-Graduate					

Experience:

Have you ever worked on a political campaign? _____ (Yes) _____ (No)

Candidate	Responsibilities	Years

Computer Skills:

WPM: _____ Programs: _____

