



Senator Conrad Burns
 187 Dirksen Senate Office Building
 Washington, D.C. 20510-2603
 (202) 224-2644



Date: _____

Name: _____

Current Address and Phone: _____

(____) _____

Permanent Address and Phone:

(____) _____

Parents' Name and Address:

(____) _____

How long have you lived in the state of Montana? _____

Date of Birth: _____ Social Security Number: _____

Political Party Affiliation: _____

Desired Internship session (1st, 2nd, and 3rd choice):

Fall (September - December) _____

Spring (January - April) _____

Summer I (May - June) _____

Summer II (July - August) _____

Please give dates you are available: _____

Due to the number of applicants, we are not able to monetarily compensate all interns. Would you be willing to accept an unpaid intern experience? _____

State specific issue area(s) of interest to you: _____

EMPLOYMENT: Attach complete resume and 3 letters of reference

<u>Employer</u>	<u>Address</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACADEMIC INFORMATION:

Schools attended, beginning with current school:

<u>School</u>	<u>Dates Attended</u>
_____	_____
_____	_____
_____	_____

Will you be receiving school credit for this internship? _____

If yes, how many credits? _____

Advisor's Name/Daytime Phone #: _____

Year in School: _____ Expected Graduation Date: _____

Major: _____ GPA: _____

Career Objectives: _____

Campus/Community/Political Activities and Offices: _____

Awards/Acheivements: _____

State specific computer experience: _____

