

Office of Congressman Robert E. Latta

Internship Application

Name _____

Phone Number _____

Email Address _____

Current Address:

Home Address:

Please Check the Internship for which you are applying:

Summer (May-August)

Fall (August-December)

Winter (January-May)

Please indicate the dates that you are available:

Please indicate your availability:

Full-time

Part-time

Will you be seeking academic credit for your internship?

Yes

No

If yes, what are your requirements:

What is your current education status?

college freshman

college sophomore

college junior

college senior

college graduate/postgraduate

Name of institution _____

Please provide two references (one academic and one work related)

Name _____

Phone number _____

Relationship _____

Name _____

Phone number _____

Relationship _____

Select your preferred interview format:

in person in the Washington, D.C. office

phone call

no preference

Are you aware that this is an educational internship, and you will need to find your own housing in Washington, D.C.?

Yes

No