INTERNSHIP APPLICATION FORM

Office of Senator Jon Tester

It is important that all information you provide on this application is complete and accurate. Your failure to give complete, accurate answers could be grounds for not selecting you or terminating your internship after you begin.

GENERAL INFORMATION

Name: _____

| **LAST** | **FIRST** | **MIDDLE** |

Address: _____

Home/Mobile Telephone: _____ Work Telephone: _____

E-mail Address: _____

If selected for an unpaid internship, I could truthfully certify that I am in the United States legally.

☐ Yes ☐ No

If selected for a paid internship, I could truthfully certify one of the following: (1) I am a United States citizen; or (2) I am lawfully admitted for permanent residence and am seeking citizenship as outlined in 8 U.S.C. § 1324b(a)(3)(B); or (3) I am (i) admitted as a refugee under 8 U.S.C. § 1157 or granted asylum under 8 U.S.C. § 1158 and (ii) I have filed a declaration of intention to become a lawful permanent resident and then a citizen when eligible; or (4) I owe allegiance to the United States under the law. (**Note:** To meet the "owe allegiance" requirement, an individual must be (1) a non-citizen U.S. national born in or having ties to American Samoa or Swains Island (as outlined in 8 U.S.C. § 1408), or (2) a non-citizen U.S. national pursuant to section 302 of Public Law 94-241 (relating to the Commonwealth of the Northern Mariana Islands)).

☐ Yes ☐ No

Will you be receiving a stipend/grant for this internship? If yes, who is the stipend/grant from?

☐ Yes ☐ No _____

What is your availability?

☐ Full Time (30-40 hours/week)   ☐ Part Time (15-29 hours/week)

Available Start and End Date for Internship:

Earliest Start Date: _____   Latest End Date: _____

Have you ever applied for an internship with our office before? ☐ Yes ☐ No

If so, give date and brief description of outcome (including the dates of your internship if you have been an intern with our office previously).

DATE	**OUTCOME**

Have you ever been employed by a congressional office other than ours? ☐ Yes ☐ No

If so, give dates of employment/internship and name of office.

START & END DATES	NAME OF OFFICE

EMPLOYMENT EXPERIENCE

If currently employed, may we contact your present employer?   ☐ Yes   ☐ No   ☐ Not Yet

name of present or most recent employer		from (month/year)	to (month/year)
employer address		employer phone number	
your position	name & title of your immediate supervisor		
salary	duties & responsibilities		
if you are no longer employed, reason for leaving			

EDUCATION AND TRAINING

Please list all degrees and training you've recieved. [Note: You may attach additional pages if necessary.]

LEVEL	SCHOOL/CITY	MAJOR SUBJECTS	GRADUATE?		DEGREE
high school			yes	no	
college			yes	no	
graduate			yes	no	
other			yes	no	

List any qualifications or skills that would be relevant to a legislative internship:
(e.g., skills with computers, public speaking experience and writing experience)

_____ _____

_____ _____

_____ _____

INSTRUCTIONS FOR QUESTIONS 1-7

If you answer "Yes" to any of the questions below, provide your explanation(s) in an attachmment.
A "Yes" answer **will not** necessarily disqualify you from an internship.

For questions 1-7, **include** convictions resulting from a plea of nolo contendere (no contest). For questions 1-7, **omit** (a) traffic fines of $100.00 or less; (b) any conviction set aside under the *Federal Youth Corrections Act* or similar state law; and (c) any conviction whose record was expunged under federal or state law.

		yes	no
1.	During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems?		
2.	Have you ever been convicted of, or forfeited collateral for, a felony violation? *Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under state law which are punishable by imprisonment of two years or less.*		
3.	Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation?		
4.	Are you now under charges for any violation of law?		
5.	During the last 10 years, have you been convicted, forfeited collateral, been imprisoned, been on probation or been on parole? *Do not include violations reported in 15, 16, 17 above.*		
6.	Have you ever been convicted by a military court-martial?		
7.	Have you ever had a security clearance suspended, denied or revoked?		

*If you answered "**Yes**" to the following questions, please attach an additional page with the following:*

- If you answered "Yes" to question 1, explain for each job the problem(s) and your reason(s) for leaving. Give the employer's name and address.
- If you answered "Yes" to question(s) 2-7 explain each violation and give the date, place of occurrence and the name/address of the police or the court involved.
- If you answered "Yes" to question 7, explain the reason(s) for the suspension, denial or revocation, the date of the suspension, denial or revocation, and governmental entity that suspended, denied or revoked the security clearance.

REFERENCES

Please list 3 employer references. If you do not have 3 employer references, you may list academic references.

name	telephone & address	occupation	years known

STATEMENT OF EQUAL EMPLOYMENT POLICY

The Office of Senator Jon Tester is an equal employment opportunity employer in accordance with the requirements of Senate rules and regulations and applicable federal laws.

PARTICIPATION IN E-VERIFY PROGRAM

The law requires this office to comply with the E-Verify Program established by the Department of Homeland Security (DHS) and the Social Security Administration (SSA). If you are selected by our Office for a paid internship or will receive other remuneration from our Office, the Office will verify with the DHS and the SSA that you are eligible for employment in the United States.

CERTIFICATION, RELEASE AND SIGNATURE

I certify that all of the information I have supplied on this application is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application, or the withholding or omission of any information requested on this application, may be grounds for not selecting me for an internship, or for terminating my internship after I begin, and may be punishable by fine or imprisonment (U.S. Code, Title 18 Sec. 1001).

I understand that any information I give may be investigated and that the Office of Senator Jon Tester reserves the right to conduct a background check, which may include a reference check, searches conducted on the Internet, and/or a criminal background check. I consent to such a background check and to the release of information about my ability and fitness for an internship with the Office of Senator Jon Tester by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Office of Senator Jon Tester. I understand that for financial or lending institutions, medical institutions, hospitals, healthcare professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

If selected as an intern and in consideration of my internship, I agree to conform to the applicable rules and regulations of the United States Senate and the Office of Senator Jon Tester. My internship may be terminated with or without cause and with or without notice, at any time, at the option of either the Office or me. I understand that no representative of the Office Senator Jon Tester, has any authority to make any agreement contrary to the foregoing. Any such agreement between the Office of Senator Jon Tester and me must be in writing.

I understand that interns of the Office of Senator Jon Tester are at-will. Nothing in this application alters an intern's at-will status.

I have read and understand all of the above.

_____

Applicant's Signature

_____

Date (month, day, year)