

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/post-graduate

Name of institution _____

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

Name _____

Phone number _____

Relationship _____

Name _____

Phone number _____

Relationship _____

Please list several dates that you could be available in DC or one of our district offices for an in-person interview:

Are you aware that this is an un-paid, educational internship and you will need to find your own housing in Washington, DC?

Yes

No