

U.S. SENATE COMMITTEE ON
VETERANS' AFFAIRS

**OFFICE OF CHAIRMAN JON TESTER
INTERNSHIP APPLICATION FORM**

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.
Email your resume, cover letter, and completed application to DEM_INTERNSHIP@vetaff.senate.gov

GENERAL INFORMATION

Name: _____
LAST FIRST MIDDLE

Address: _____

Home/Mobile Telephone: _____ Work Telephone: _____

E-mail Address: _____

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 an outside 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 (16-24 hours/week)

Available start and end dates 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	OFFICE

EMPLOYMENT EXPERIENCE

If currently employed, may we contact your present employer?

YES NO NOT EMPLOYED

NAME OF MOST RECENT EMPLOYER		FROM (MONTH/YEAR)	TO (MONTH/YEAR)
EMPLOYER ADDRESS		EMPLOYER PHONE NUMBER	
YOUR POSITION	NAME & TITLE OF YOUR IMMEDIATE SUPERVISOR		
IF YOU ARE NO LONGER EMPLOYED HERE, PLEASE LIST REASON FOR LEAVING			

EDUCATION AND TRAINING

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

LEVEL	SCHOOL / CITY / STATE	MAJOR	GRADUATED?	DEGREE
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> 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)

FOR QUESTIONS #1 AND #2

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

#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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
#2. Have you ever had a security clearance suspended, denied or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered “Yes” to the above 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 #2, 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.

Please note that if your “Yes” response to Questions #1 and #2 relates to a criminal charge or proceeding, the Committee is not requesting information about the criminal charge or proceeding at this time.

REFERENCES

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

NAME	PHONE #	TITLE / POSITION	YEARS KNOWN

STATEMENT OF EQUAL EMPLOYMENT POLICY

The Senate Committee on Veterans' Affairs, Office of Chairman 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 Senate Committee on Veterans' Affairs, Office of Chairman 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 Senate Committee on Veterans' Affairs, Office of Chairman 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 Senate Committee on Veterans' Affairs, Office of Chairman 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 Senate Committee on Veterans' Affairs, Office of Chairman 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 Senate Committee on Veterans' Affairs, Office of Chairman Jon Tester, has any authority to make any agreement contrary to the foregoing. Any such agreement between the Senate Committee on Veterans' Affairs, Office of Chairman Jon Tester, and me must be in writing.

I understand that interns of the Senate Committee on Veterans' Affairs, Office of Chairman 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

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