

**INTERNSHIP APPLICATION FORM FOR  
THE OFFICE OF THE SENATE VETERANS' AFFAIRS COMMITTEE,  
RANKING MEMBER BLUMENTHAL**

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**

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_

3. Home/Mobile Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

4. E-mail Address: \_\_\_\_\_

5. 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 noncitizen U.S. national pursuant to section 302 of Public Law 94-241 (relating to the Commonwealth of the Northern Mariana Islands)).

☐ Yes ☐ No

6. Availability: Full Time Part Time

7. Dates Available for Internship:

8. 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

9. 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.

DATES OF EMPLOYMENT/INTERNSHIP	NAME OF OFFICE

### EMPLOYMENT EXPERIENCE

10. (a) List most recent job first, etc. You must account for all periods of unemployment.  
[Note: You may attach additional pages if necessary.]
- (b) 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
Full Address and Telephone Number		
Your Position		Name and Title of Your Immediate Supervisor
Duties & Responsibilities		Current Salary/Salary at Leaving
If you are no longer employed, reason for leaving		
Next Previous Employer	From Month/Year	To Month/Year
Full Address and Telephone Number		
Your Position		Name and Title of Your Immediate Supervisor
Duties & Responsibilities		Salary at Leaving

<b>Reason for Leaving</b>		
<b>Next Previous Employer</b>	<b>From Month/Year</b>	<b>To Month/Year</b>
<b>Full Address and Telephone Number</b>		
<b>Your Position</b>		<b>Name and Title of Your Immediate Supervisor</b>
<b>Duties &amp; Responsibilities</b>		<b>Salary at Leaving</b>
<b>Reason for Leaving</b>		

## EDUCATION AND TRAINING

11. Please list your educational background.

LEVEL	SCHOOL/CITY	MAJOR SUBJECTS	GRADUATE?		DIPLOMA OR DEGREE RECEIVED
			Yes	No	
High School					
College					
Professional or Vocational					
Other Training (If relevant, including skills obtained during military service.)					

## SKILLS AND ACCOMPLISHMENTS

12. List the title and year of any honors or awards you have received that would be relevant to a legislative internship.

HONOR/AWARD	YEAR RECEIVED

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

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14. List any job-related licenses or certificates you have obtained.

<b>LICENSE/CERTIFICATE</b>	<b>DATE OF LAST LICENSE/CERTIFICATE</b>	<b>STATE OR OTHER LICENSING AGENCY</b>

15. If you have ever been granted a security clearance by any governmental agency, indicate level of clearance, when granted, and by whom.

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## **REFERENCES**

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

<b>NAME</b>	<b>TELEPHONE &amp; ADDRESS</b>	<b>OCCUPATION</b>	<b>YEARS KNOWN</b>

## **STATEMENT OF EQUAL EMPLOYMENT POLICY**

The Office of the Senate Veterans' Affairs Committee, Ranking Member Blumenthal, 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 the Senate Veterans' Affairs Committee, Ranking Member Blumenthal 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 the Senate Veterans' Affairs Committee, Ranking Member Blumenthal 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 the Senate Veterans' Affairs Committee, Ranking Member Blumenthal. 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 the Senate Veterans' Affairs Committee, Ranking Member Blumenthal. 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 of the Senate Veterans' Affairs Committee, Ranking Member Blumenthal except the Staff Director, has any authority to make any agreement contrary to the foregoing. Any such agreement between the Staff Director and me must be in writing.

**I understand that interns of the Office of the Senate Veterans' Affairs Committee, Ranking Member Blumenthal are at-will. Nothing in this application alters an intern's at-will status.**

I have read and understand all of the above.

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Applicant's Signature

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Date (month, day, year)