

# Internship Application

## I. Applicant Information

|  |                   |
|--|-------------------|
| First Name:  | Last Name:        |
| Street Address:  | City, State, Zip: |
| Primary Phone Number:  | Email Address:    |
| Emergency Contact Name:<br>Phone Number:<br>Relationship to you: |                   |

## II. Higher Education (college/university if applicable)

|  |  |
|--|--|
| School name:   |  |
| City, State, Zip:  |  |
| Full title of degree currently pursuing:                     |  |
| Double major,<br>minor or academic focus:<br>(if applicable) |  |
| Start date of study (mm/yyyy):                               | Expected Date of Graduation (mm/yyyy): |
| Extracurricular Activities:                                  |  |
| Special honors,<br>achievements<br>or scholarships:          |  |

## III. High School

|                             |   |
|-----------------------------|---|
| High School Name:           |   |
| City, State, Zip:           |   |
| Did you graduate? Yes or No | If no, what is your current grade level?<br>If yes, date of graduation (mm/yyyy): |
| Extracurricular activities: | Special honors, achievements or scholarships:                                     |

**IV. Previous Work History (Please list most recent employer first)**

**Employer #1**

|                |                          |
|----------------|--------------------------|
| Employer Name: | Supervisor:<br>Phone:    |
| Position:      | Start Date:<br>End Date: |

**Employer #2**

|                |                          |
|----------------|--------------------------|
| Employer Name: | Supervisor:<br>Phone:    |
| Position:      | Start Date:<br>End Date: |

**VI. Statement of Interest**

Please answer the following question in 250 words or less: Why are you interested in an internship with the office of State Senator Daylin Leach?