# **Internship Application**

## **Your Information**

Prefix\*
-First Name\*

Last Name\*

Email\*

Verify Email\*

## **Your Permanent Address**

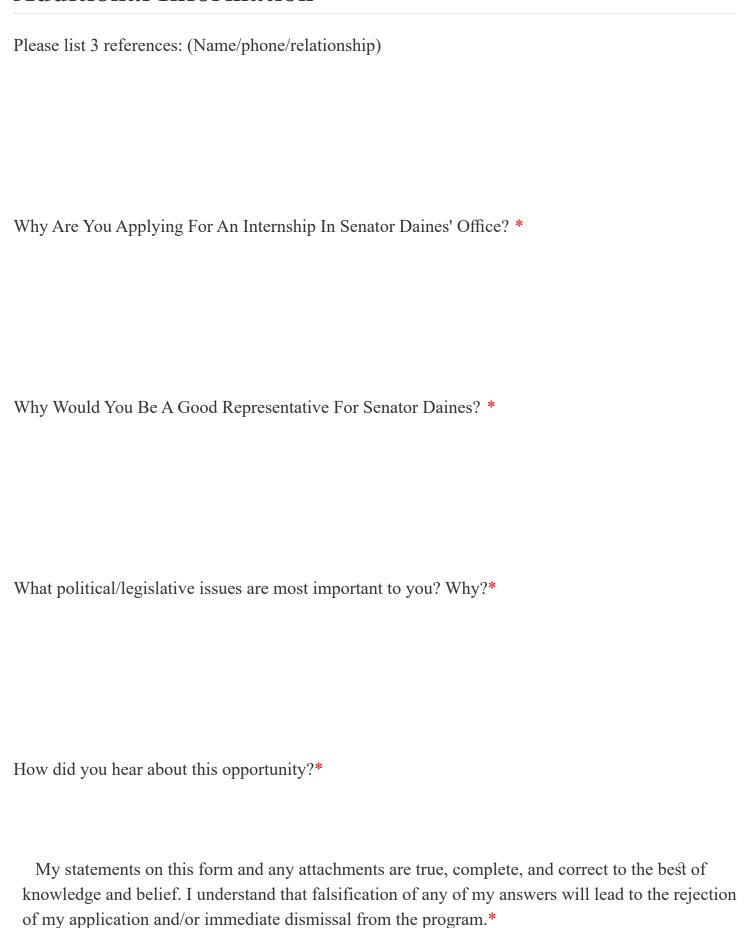
Street Address*
Street Address (2)
City*
State*
Zip*
Phone Number*
Alternate Phone Number
Your School Address
Name Of Institution*
Street Address*

Street Address (2)	
City*	
State*	
Zip*	
Your Education Information	
Your Education Information  Class Level*	
Class Level*	

Minor(s)					
Expected Da	nte Of Graduation*				
Your A	vailability				
Term Apply	ing For*				
Office Prefe	rence*				
A	pproximate Dates	s Of Availabilit	y For Internsh	ip:	
Beginning*					
End*					

Approximate Times (eg 2:00 to 6:00) For Internship
Monday
Tuesday
Wednesday
Thursday
Friday

#### **Additional Information**



Our internship program requires that any non US Citizen not only have work authorization sufficient for Form I-9/e-Verify purposes, but also meets one of the citizenship/residency requirements set out in federal law. 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.

#### **Print This Form**

Please email all application submissions to Mary\_Poston@daines.senate.gov or mail it to the address below. Please include any other documents that are required.

Mail to:

ATTN: Mary Poston U.S. Senator Steve Daines 320 Hart Senate Office Building Washington, DC 20510