Internship Application

Your Information

Prefix*
-First Name*

Last Name*

Email*

Verify Email*

Your Permanent Address

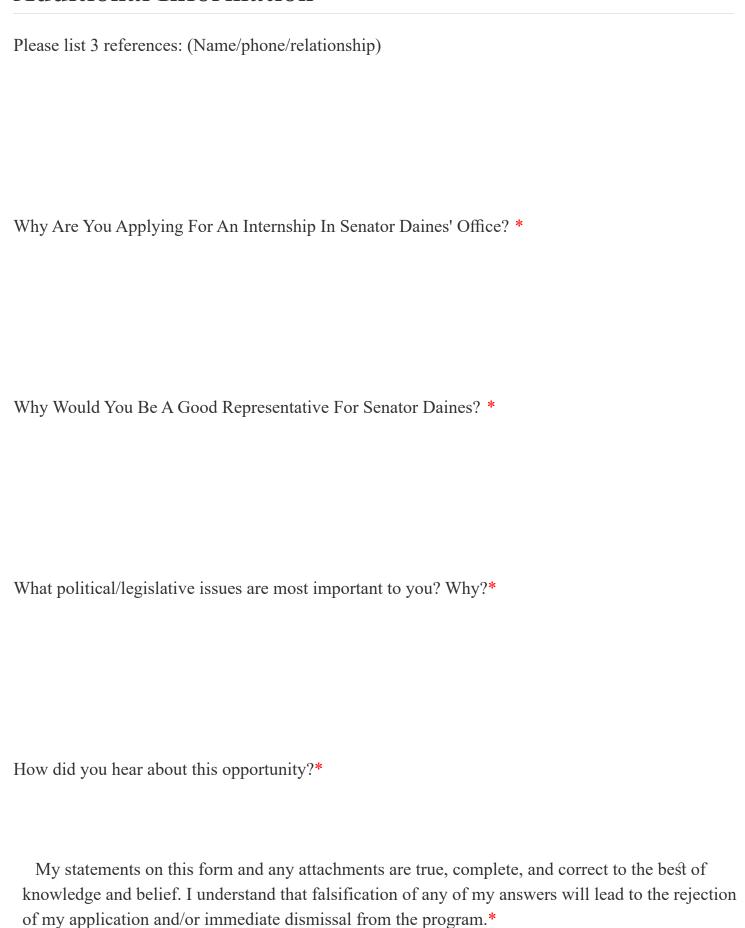
| Street Address* |
|------------------------|
| Street Address (2) |
| City* |
| State* |
| Zip* |
| Phone Number* |
| Alternate Phone Number |
| |
| Your School Address |
| Name Of Institution* |
| Street Address* |

| 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 Riley_OLeary@daines.senate.gov or mail it to the address below. Please include any other documents that are required.

Mail to:

ATTN: Riley O'Leary U.S. Senator Steve Daines 320 Hart Senate Office Building Washington, DC 20510