



GENERAL INFORMATION

Name

Last First Middle

Permanent Address

Street City State Zip

Mailing Address

Street City State Zip

Email Phone

ELIGIBILITY

- Level of Education: Check Box and Circle for Specificity
[] College Student (Freshman, Sophomore, Junior, Senior)
[] College Graduate
[] Master's (Enrolled or Graduate)
[] Law School (1L, 2L, 3L, Graduate)

*Please note that it is our office policy not to offer internships to high school students.

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. See Pub L. 111-117 § 704 (Dec. 16, 2009).
[] Yes [] No

AVAILABILITY

Date Available to Begin: Full-time Part-time

Preference:

- [] Spring Semester [] Fall Semester [] Summer I (May-June) [] Summer II (July-August)

Location Preference:

- [] Washington, DC [] Myrtle Beach, SC [] Florence, SC

1. Have you ever applied for a position with our office before? [] Yes [] No

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. The Office Congressman Tom Rice is an equal employment opportunity employer in accordance with the requirements of House rules and regulations and applicable federal laws.



If so, please indicate date and outcome.

Date Outcome

Date Outcome

2. Have you ever been employed (paid or un-paid) by a Congressional office, other than ours?

If so, please indicate date and position held.

Date Position Office

Date Position Office

EDUCATION AND TRAINING

Table with 6 columns: LEVEL, SCHOOL CITY, STATE, MAJOR/COURSE OF STUDY, GRADUATE YES/NO, DIPLOMA OR DEGREE RECEIVED, DATE COMPLETED. Rows include High School, College, Graduate/Professional, Vocational, and Other training (including military experience).

SKILLS AND ACCOMPLISHMENTS

Table with 2 columns: HONOR/AWARD, DATE RECIEVED

1. 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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2. List any community service activities.

Organization Date of Service

Organization Date of Service

Organization Date of Service

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

Have you ever had a clearance suspended, denied or revoked? Yes No

Have you ever been convicted of, or forfeited collateral for, a felony violation? Yes No

Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation?
 Yes No

Are you now under charges for any violation of law? Yes No

During the past 10 years, have you been imprisoned, been on probation or been on parole?
 Yes No

Have you ever been convicted by a military court-martial? Yes No

**Please feel free to attach paper to explain any answers above.*

REFERENCES

Name	Telephone/Address	Occupation	Relationship

Please Enclose Three Letters of Recommendation Along With References.

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