



INTERNSHIP APPLICATION

Instructions:

1. All applicants must submit the following:
 - a. Intern Application
 - b. Current Resume
 - c. Letter of Recommendation
2. The Application packet must be submitted either by:
 - a. Fax: (202) 228-6753
 - b. Email: Internship@heller.senate.gov
3. Please call (202) 224-6244 for any further questions regarding your application.

Availability:

Dates Available: _____

Summer ____ Split Summer (6 weeks in the DC office and 6 weeks in a State office) ____

Spring ____ Fall ____

Where are you interested in working?

Washington, D.C. ____ Las Vegas ____ Reno ____ Carson City ____

Personal Data:

Full Name: _____

Date of Birth: _____

Email Address: _____

Phone number(s) where you can be easily reached: _____

College Residence Address: _____

Permanent Address: _____

Educational Information:

Current College or University (Name, City, State):

Expected Graduation Date: _____

Class Level: _____

Major Field of Study: _____

Narrative Responses:

Why are you applying for an internship in Senator Heller's Office?

Why would you be a good representative for Senator Heller?

What political Issues are most important to you? Why?

Certification:

My statements on this form and any attachments are true, complete, and correct to the best of knowledge and belief. I understand that falsification of any of my answers will lead to the rejection of my application and/or immediate dismissal from the program.

Signed

Date

References:

1. _____
2. _____
3. _____