APPLICATION FORM FOR THE OFFICE OF US SENATOR LISA MURKOWSKI FALL 2024 COLLEGE INTERNSHIP

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.

GENERAL INFORMATION

1.	Name:				
	Last	First	Middle		
2.	Address:				
3.	Home/Mobile Telephone:	Work Telep	hone:		
4.	E-mail Address:				
5.	If selected for an unpaid internship, I o ☐ Yes ☐ No If selected for a paid internship, I coucitizen; or (2) I am lawfully admitted	ld truthfully certify one of the foll	lowing: (1) I am a United States		
	8 U.S.C. § 1324b(a)(3)(B); or (3) I am under 8 U.S.C. § 1158 and (ii) I have fi and then a citizen when eligible; (Note: To meet the "owe allegiance" re in or having ties to American Samoa or U.S. national pursuant to section 302 or Mariana Islands)).	n (i) admitted as a refugee under 8 fled a declaration of intention to be or (4) I owe allegiance to the equirement, an individual must be (1) r Swains Island (as outlined in 8 U.	U.S.C. § 1157 or granted asylum come a lawful permanent resident United States under the law. 1) a non-citizen U.S. national born S.C. § 1408), or (2) a non-citizen		
	□ Yes □ No				
5.	Availability: Full Time	Part Time			
7.	Date Available for Internship:				
3.	Have you ever applied for an internshift If so, give date and brief description of an intern with our office previously).				

	DATE OUTCOME						
9.	Have you ever been employed by a congressional office other than ours? Yes No If so, give dates of employment/internship and name of office.						
	EMPLO	DATES OF DYMENT/INTERNSHIP		NAME OF OFFI	CE		
		EMPLOYMENT	EXPERIE	ENCE			
10.	` /	t recent job first, etc. You must according to may attach additional pages if r		periods of unemployn	nent.		
	(b) If curren	tly employed, may we contact your	present emp	loyer? Yes No	Not Yet		
Name	of Present or Most I	Recent Employer		From Month/Year	To Month/Year		
Full A	ddress and Telephor	ne Number					
Your l	Position		N	ame and Title of Your I	mmediate Supervisor		
Duties	& Responsibilities			Current Sala	ry/Salary at Leaving		
If you	are no longer emplo	yed, reason for leaving					
				Т			
Next P	revious Employer			From Month/Year	To Month/Year		
Full A	ddress and Telephoi	ne Number		<u> </u>			
Your l	Position		N	ame and Title of Your I	mmediate Supervisor		

Duties & Responsibilities					Salary at Leaving		
Reason for Leaving							
Next Previous Employer	Next Previous Employer From Month/Year						
Full Address and Telephor	e Number						
Your Position		N	lame and Tit	le of Your	Immediate Supervisor		
Duties & Responsibilities	Duties & Responsibilities Salary at Leaving						
Reason for Leaving							
EDUCATION AND TRAINING							
11. Please list your o	ducational background.						
LEVEL	SCHOOL/CITY	MA IOD CUDIECTS	GRADUATE?		DIPLOMA OR		
LEVEL	SCHOOL/CITY	MAJOR SUBJECTS	Yes	No	DEGREE RECEIVED		

	SCHOOL/CITY	MAJOR SUBJECTS	GRADUATE?		DIPLOMA OR
LEVEL			Yes	No	DEGREE RECEIVED
High School					
College					
Professional or Vocational					
Other Training (If relevant, including skills obtained during military service.)					

SKILLS AND ACCOMPLISHMENTS

12. List the title and year of any honors or awards you have received that would be relevant to a legislative internship.

HONOR/AWARD	YEAR RECEIVED

13.	List any qualifications or skills that would be relevant to a legislative internship (<i>e.g.</i> , skills with computers, public speaking experience and writing experience).			
14.	List any job-related licenses	or certificates you have obtained.		
]	LICENSE/CERTIFICATE	DATE OF LAST LICENSE/CERTIFICATE	STATE OR OTHER LICENSING AGENCY	
15.	If you have ever been granted clearance, when granted, and	d a security clearance by any government by whom.	ental agency, indicate level of	
		REFERENCES		
	e list three employer references ences.	s. If you do not have three employer re	eferences, you may list academic	

NAME	TELEPHONE & ADDRESS	OCCUPATION	YEARS KNOWN