## Internship Application Office of U.S. SENATOR CHARLES E. SCHUMER

NOTE: Application deadlines vary for each of Senator Schumer's offices. Please refer to the website for these dates and for the appropriate address to mail your application to.

## **PERSONAL INFORMATION:**

Mobile/Primary Number       Secondary Phone Number         Place of Birth:       U.S. Citizen         City, State       Permanent	
City, State Current Address: Permanent	Email Address
Current Address: Permanent	: Yes No
	Address:
All internships are unpaid. Housing is not provided.	
Please rank your preference in internship location(s):       Albany        Hudson Valley        Rochest         Binghamton        Long Island        Washing         - Which term are you applying for:       Summer        Fall          - Which term are you applying for:       Summer       Fall        Sprint         - Have you sent your application to more than one office?       Where?	e gton, D.C
ACADEMIC INFORMATION: College/University/High School: School Address: Circle One: High School Undergraduate Graduate/Law Not If currently in school, list anticipated year of graduation:	presently a student

If you answer "Yes" to any of the following questions, on a separate sheet of paper please explain the circumstances, the date of the action, and any disposition. A "Yes" answer *will not necessarily disqualify you for an internship*. Failure to tell the truth or to list all relevant events or circumstances, however, constitutes grounds for not hiring you or for firing you after you begin your internship.

- Have any disciplinary or administrative actions (i.e. probation, suspension, expulsion) been taken against you by your school or are any pending? Yes \_\_\_\_\_ No \_\_\_\_\_

- Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? Include DUI/DWI offenses and convictions resulting from a plea of nolo contendere (no contest). Omit (a) traffic fines of \$100.00 or less; (b) any conviction set aside under the Federal Youth Corrections Act or similar state law; and (c) any conviction whose record was expunged under federal or state law. Yes \_\_\_\_\_ No \_\_\_\_\_

- Have you ever used, possessed, supplied or manufactured any illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or firing me after I begin to work.

Signature

Date