



# Office of Representative Robert B. Aderholt Fourth District of Alabama

1203 Longworth House Office Building  
Washington, DC 20515  
(202) 225-4876 • [aderholt.house.gov](http://aderholt.house.gov)

## Congressional Internship Application

<p>Please complete, print, sign and return to address above ATTN: Intern Coordinator or scan all materials and email to: <a href="mailto:aderholtinternship@mail.house.gov">aderholtinternship@mail.house.gov</a></p>	<p><b>Application Checklist:</b></p> <table> <tr> <td>Cover Letter</td> <td>Letters (2) of Recommendation</td> </tr> <tr> <td>Completed Application</td> <td>College Transcript</td> </tr> <tr> <td>Resume</td> <td></td> </tr> </table> <p><a href="#">Checklist must be complete for your application to be accepted.</a></p>	Cover Letter	Letters (2) of Recommendation	Completed Application	College Transcript	Resume	
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Completed Application	College Transcript						
Resume							

### BIOGRAPHICAL INFORMATION

Full Name:	Date of Birth:	Current Age:
Address at School:	Permanent Address:	
Cell Phone: Home Phone:	Specific issues of interest to you:	
Email:		
Available dates for internship:		
Social Security #:		
City listed on your photo ID:		
How were you introduced to this internship?	Applicable skills:	
Are you applying for other internships? If so, where?		

### ACADEMIC INFORMATION

College/University:	Academic Status:
High School You Attended:	Major(s)/Minor(s):
Will you receive academic credit for this internship?	Current GPA:

### WORK AND VOLUNTEER EXPERIENCE

Work or volunteer experience (beginning with the most recent):	Extracurricular Activities:

## REFERENCES

Academic Reference:	Character Reference: (community/volunteer/work/church related)
Name:	Name:
Affiliation:	Affiliation:
Address:	Address:
Phone:	Phone:
Email:	Email:

## PARENT/GUARDIAN INFORMATION

## EMERGENCY CONTACT

Name(s):	Check if same as parent/guardian	
Address:	Name:	
	Address:	
Home Phone:		
Work Phone:	Phone:	
Email:	Email:	

## Submission Agreement

By signing and submitting this application, I acknowledge that I have completed the checklist of requirements to apply for this internship and if selected, I agree to abide by the rules and regulations for congressional employees and the office of Representative Robert B. Aderholt.

Signature of Applicant: _____	Date: _____
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\* DON'T FORGET REQUIRED QUESTIONS FOUND BELOW ON PAGE 3 OF APPLICATION

## ESSAY QUESTIONS

Feel free to use an additional word document if needed

Question 1: (required) Why are you interested in a Congressional Internship?

Please choose to answer either question 2 or question 3. You are only required to answer one of them.

Question 2: What role do you think the government should play in the daily lives of the American people.

Question 3: What is your political affiliation? What issues are you passionate about?