



# MINNESOTA HOUSE OF REPRESENTATIVES

## 2017 UNDERGRADUATE/GRADUATE INTERNSHIP APPLICATION

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Permanent Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### School Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SCHOOL INFORMATION

Do you intend to receive credit for this internship?  No  Yes (If yes, please continue below)

Name of the institution granting credit: \_\_\_\_\_

Number of credits sought: \_\_\_\_\_ Number of required hours: \_\_\_\_\_

Class Standing:  First Year  Sophomore  Junior  Senior  Graduate/Other: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Name of Intern Coordinator or Academic Advisor: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Information: \_\_\_\_\_

*Application continues on the other side.*

**AVAILABILITY**

Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

End date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How many hours are you available per week? \_\_\_\_\_

*Indicate your availability for each of the following days.  
Normal House business hours are 8:30 AM to 5:00 PM.*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
From					
To					

**PROFESSIONAL AND ACADEMIC INTERESTS**

Please rank the following categories based on your level of interest: (1 = Most interested; 14 = Least)

- |  |  |
|--|--|
| ____ Aging & Long-Term Care            | ____ Greater MN Economic & Workforce Development |
| ____ Agriculture                       | ____ Health & Human Services                     |
| ____ Commerce                          | ____ Job Growth & Energy Affordability           |
| ____ K-12 Education                    | ____ Mining & Outdoor Recreation                 |
| ____ Higher Education                  | ____ Public Safety & Crime Prevention            |
| ____ Environment & Natural Resources   | ____ Taxes                                       |
| ____ Government Operations & Elections | ____ Transportation                              |

Is there a particular State Representative you would like to intern with?

- No       Yes, Representative \_\_\_\_\_

Do you have a political party preference?     Democrat     Republican     Other: \_\_\_\_\_

In the space provided below, indicate any specific areas of professional, academic, or personal interest you would like to pursue during the course of your internship.

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**SUBMISSION INFORMATION**

Please send your completed application and a current copy of your résumé to the address below. If you have any questions, feel free to contact the program office at the number listed below.

Address: Minnesota House of Representatives  
 Internship Program – Sergeant’s Office  
 B17 State Office Building  
 100 Rev. Dr. Martin Luther King Jr. Blvd.  
 Saint Paul, MN 55155

Andrew Olson, Assistant Sergeant  
 Phone: (651) 296-7452  
 Fax: (651) 296-1550  
 E-mail: Andrew.Olson@house.mn