



Office of Representative Clay Higgins

Internship Application Washington, DC Office

Personal Information

Name: _____

Date of Birth: _____

Are you a citizen of the United States?

Yes

No

Current Address

Street/Box # _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Facebook: _____

Twitter: _____

Other Social Media: _____

Permanent Address (If different than above)

Street/Box # _____ City: _____

State: _____ Zip: _____ Phone Number: _____

How did you hear about this internship program?

Education

High School: _____ Graduation Date: _____

College: _____ Graduation Date: _____

Major: _____

Minor: _____

GPA: _____

Will you receive credit for this internship? _____

If so, who is your internship advisor?

Name and Title: _____

Phone Number: _____ E-mail: _____

Department/Office: _____

Session You Are Applying For

- Summer I
- Summer II
- Fall
- Spring

Have you applied for an internship with this office before?

- Yes
- No

If yes, please give a date of your application(s) and a brief description of the outcome.

Are you applying with internships with any other Louisiana offices?

- Yes
- No

If yes, who? _____

Disclosure

Have any disciplinary or administrative actions (ex. Probation, suspension, expulsion) been taken against you by your school or are any pending?

Yes _____ No _____

Have you ever been convicted of a felony or misdemeanor offense?

Yes _____ No _____

If you answered “Yes” to any questions above, please provide a written explanation on a separate page.

Certification

My statements on this form and on all my application materials are true to the best of my knowledge and belief. I understand that knowingly making false statements will lead to the rejection of my application or removal from the internship program.

I understand that any information I give may be investigated and that the Office of Representative Clay Higgins reserves the right to conduct a background check, which may include a reference check, searches conducted on the Internet, and/or a criminal background check. **I consent** to such a background check and to the release of information about my ability and fitness for an internship by employers, schools, law enforcement agencies, and other individuals and organizations to authorized employees of Representative Clay Higgins.

If selected as an intern, and in consideration of my internship, **I agree** to conform to the applicable rules and regulations of the United States House of Representatives and the Office of Representative Clay Higgins. It is the policy of the Office of Representative Clay Higgins that if I maintain a public, non-password-protected presence on any blog (including, without limitation, social and professional networking sites, social media sites, blog sites, media sites, and local and national political blogs and websites), I will be required to disclose that information to the office when I start my internship. This obligation is ongoing and applies even if I create, maintain, supplement, comment on, and/or edit the blog on my own time and using my own equipment.

I understand that interns in the Office of Representative Clay Higgins are at-will. Nothing in this application alters an intern’s at-will status.

I have read and understand the statements above.

Signature: _____

Date: _____

Personal Statement

Please list the five legislative issues most important to you.

Explain the four characteristics that best describe you.

What career goals would you like to have accomplished in five-ten years?

What do you consider your greatest accomplishment so far?

Describe your political philosophy.

Why do you want an internship with Representative Clay Higgins and what do you expect to get out of the internship?

Is there any additional information you would like us to know?
