Internship Application Office of U.S. Congressman Lou Correa

Office of U.S. Congressman Lou Correa

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

Last Name	ne First Name	
Mobile/Primary Number	Secondary Phone Number	Email Address
Place of Birth:		
City, State		
Current Address:	Permanent Address:	
Paid internship are available. Housing is not j	provided.	
Please select internship location:		
Santa Ana Washington D.C.		
- Which term are you applying for: Summer	r Fall Spring	
- Have you sent your application to more that	an one office? Where?	
- Please indicate the dates and times you wo	ould be available to work:	
Days = Please place a check next to the		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
A GADENICA INCODICATION.		
ACADEMIC INFORMATION:		
College/University/High School:		
School Address:		
Circle One: High School Undergrad	luate Graduate/Law Not presently a student	
If currently in school, list anticipated year of	f graduation: GPA: Major: _	
PLEASE RESPOND TO THE FOLLOWING:		
If you answer "Vee" to any of the following	ng questions, on a separate sheet of paper please exp	alain tha
	ng questions, on a separate sneet of paper please exp l any disposition. A "Yes" answer <i>will not necessari</i> l	
	ruth or to list all relevant events or circumstances, h	
	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 characteristic Include DUI/DWI offenses and convictions resulting from a fines of \$100.00 or less; (b) any conviction set aside under the and (c) any conviction whose record was expunged under features.	plea of nolo contendere (no contest). Omit (a) traffic ne Federal Youth Corrections Act or similar state law;
- Have you ever used, possessed, supplied or manufactured a	any illegal drugs? Yes No
I certify that, to the best of my knowledge and belief, a application is true, correct, complete, and made in good information on or attached to this application may be begin to work.	od faith. I understand that false or fraudulent
Signature	 Date