

Freshman

Senior

## Congressman Richard Hudson

Representing North Carolina's 9th Congressional District

## Intern Application

## Please indicate where you wish to complete your internship: Southern Pines, NC Washington, DC **Applicant Information** Last Name: First: Date: Current Address: Apt/Unit: City: State: Zip: Permanent Address: Apt/Unit: City: State: Zip: Phone: Cell Phone: Email address: **Emergency Contact:** Will you be receiving credit for this internship? Yes It seeking academic credit, interns are responsible for obtaining and meeting their specific program requirements. Congressman Hudson's office will provide necessary documentation for credit upon request. Are you 18 years or older? Yes | No Have you ever been If yes please explain: convicted of a felony? Yes l No How did you hear about our internship program? **Experience/Education and Skills** Full-time Current employment status: Part-time Not Employed Current or most recent paid position: Are you currently a full-time student? If yes, please indicate school and concentration: Yes l No Level

GPA:

GPA in concentration:

Sophomore | Junior

Graduate student

Availability						
Please check semesters of availability:						
Fall Spring Summer Other, please explain:						
Please check your general availability	Monday	Tuesday	Wednesday	Thursday	Friday	
Morning (approx. 9-1)						
Afternoon (approx. 1-5)						
Personal Information						
What specific experience would you like to gain through this internship?						
On a scale of 1 (most liberal) – 10 (most conservative) how would you rate yourself?						
What policy areas are of most interest to you?						
List three (3) persons, historical or current, who you most admire:						
1.)						
2.)						
3.)						
List any special skills you think may be an asset to the office.						
List any major campus, non-campus, civic, social, or political activities/organizations you						
have participated in during the last five years.						

Name				
Disclaimer and Signature				
Discidiffier and signator	<b>5</b>			
I certify that my answers are true and complete to the best of my knowledge. I				
understand that false or i	misleading information may result in exclusion from			
and that raise of mise daming in our may reson in exclusion norm				

Relationship and contact info (e-mail and/or phone number)

Date:

Please submit a professional resume with any relevant work and educational experience along with your completed application.

consideration or my dismissal.

## Return all materials via email to:

**Professional References** 

Name

Signature:

Patrick.Williams@mail.house.gov

<sup>\*</sup>Please specify in the email which office you are applying for.