



**Office of U.S. Senator Heidi Heitkamp  
Internship Application**

Thank you for expressing interest in interning for Senator Heidi Heitkamp. This internship will provide you with a dynamic insight into the workings of the legislative process and the varied work of a U.S. Senate office representing North Dakota.

We offer year-round internships in our offices and below are the dates of the internships and also approximate dates of the internship. We accept applications on a *rolling basis*.

- Fall Internship Duration: August - November
- Winter/Spring Internship Duration: January - April
- Summer Internship Duration: May - August

**Application requirements:**

Please submit this application form, two letters of recommendation, a cover letter expressing your interest and your resume to: [internship@heitkamp.senate.gov](mailto:internship@heitkamp.senate.gov). Please indicate which office you would like to apply to and if you are applying for a fall, winter/spring, or summer internship in the subject line of your email.

## U.S. Senator Heidi Heitkamp Internship Application

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

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Personal Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If selected for an unpaid internship, I could truthfully certify that I am in the United States legally.

Yes     No

If selected for a paid internship, I could truthfully certify one of the following: (1) I am a United States citizen; or (2) I am lawfully admitted for permanent residence and am seeking citizenship as outlined in 8 U.S.C. § 1324b(a)(3)(B); or (3) I am (i) admitted as a refugee under 8 U.S.C. § 1157 or granted asylum under 8 U.S.C. § 1158 and (ii) I have filed a declaration of intention to become a lawful permanent resident and then a citizen when eligible; or (4) I owe allegiance to the United States under the law. *See Pub L. 111-117 § 704 (Dec. 16, 2009).*

Yes     No

Name(s) of Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by or interned for a Congressional office other than Senator Heitkamp? Yes \_\_\_ No \_\_\_

Dates of Employment / Internship	Name of Office

### Internship Preferences

Please indicate in which city you would like to work, the dates you would be available to work, and whether you would be available for full-time or part-time work:

\_\_\_ Fall      \_\_\_ Winter/Spring      \_\_\_ Summer

Dates available: \_\_\_\_\_ Part Time: \_\_\_\_\_ Full Time: \_\_\_\_\_

Location desired (please rank preference 1-6:1 being your first preference):

Washington, DC     Bismarck     Fargo

Grand Forks     Minot     Dickinson

What skills or qualities do you have that would help you succeed in Senator Heitkamp's office?

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Please indicate what area you are interested in (if any):

Communications/Press     Legislative

Constituent Services     General/Administrative

### **References**

Name	Telephone & Address	Relationship	Years Known

### **Education and Training**

Please provide your educational background

Level	School/City	Major Subjects	Graduate? Yes or No	Diploma/Degree Received or Expected and Year
High School				
College				
Professional/Vocational				
Other (if relevant, including skills obtained during military service				

Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

School Advisor: \_\_\_\_\_ Advisor's Phone: \_\_\_\_\_

Are you interested in earning college credit for the internship: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what department: \_\_\_\_\_

If yes, name of supervising faculty: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Employment Experience**

List your most recent job first, etc. You must account for all periods of unemployment. You may attach additional pages if necessary

If you are currently employed, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Most Recent Employer	From Month/Year	To Month/Year
Full Address and Telephone Number		
Your Position and Name and Title of Your Immediate Supervisor:		
Duties & Responsibilities and Salary		
If you are no longer employed, reason for leaving		
Next Previous Employer	From Month/Year	To Month/Year
Full Address and Telephone Number		
Your Position and Name and Title of Your Immediate Supervisor:		
Duties & Responsibilities and Salary		
If you are no longer employed, reason for leaving		
Next Previous Employer	From Month/Year	To Month/Year

Full Address and Telephone Number		
Your Position and Name and Title of Your Immediate Supervisor:		
Duties & Responsibilities and Salary		
If you are no longer employed, reason for leaving		

**Skills and Accomplishments**

Honor/Award	Year Received

List any special qualifications or skills that would be relevant to a legislative internship (e.g. computer, public speaking and writing skills):

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List any experiences in politics and/or government:

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If you have ever been granted a security clearance by any governmental agency, indicate level of clearance, when granted and by whom:

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For the following section of questions, if you answer “Yes” to any of them, please provide an explanation. A “Yes” answer will not necessarily disqualify you for an internship.

For questions # 2-6, include convictions from a plea of nolo contendere (no contest). For questions # 2-6, omit (a) traffic fines of \$100 or less; (b) any conviction set aside under the Federal Youth Corrections Act or similar state law; and (c) any conviction whose record was expunged under federal or state law.

1. During the last 10 years, were you fired from any job for any reason, did you quit after being told that you were fired, or did you leave by mutual agreement because of specific problems?

Yes\_\_\_\_ No\_\_\_\_

If yes, please explain:

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2. Have you ever been convicted of, or forfeited collateral for, a felony violation? Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanor under state law which are punishable by imprisonment for two years or less?  
Yes\_\_\_ No\_\_\_

If yes, please explain:

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3. Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation?  
Yes\_\_\_ No\_\_\_

If yes, please explain:

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4. Are you now under charges for any violation of law?  
Yes\_\_\_ No\_\_\_

If yes, please explain:

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5. During the last 10 years, have you been convicted, forfeited collateral, been imprisoned, been on probation or been on parole? Do not include violations reported in 2, 3, or 4, above.  
Yes\_\_\_ No\_\_\_

If yes, please explain:

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6. Have you ever been convicted by a military court-martial?  
Yes\_\_\_\_ No\_\_\_\_

If yes, please explain:

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7. Have you ever had security clearance suspended, denied or revoked?  
Yes\_\_\_\_ No\_\_\_\_

If yes, please explain:

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## STATEMENT OF EQUAL EMPLOYMENT POLICY

The Office of Senator Heidi Heitkamp is an equal employment opportunity employer in accordance with the requirements of Senate Rules and Regulations and applicable federal laws.

## PARTICIPATION IN E-VERIFY PROGRAM

The law requires this Office to comply with the E-Verify Program established by the Department of Homeland Security (DHS) and the Social Security Administration (SSA). If you are selected by our Office for a paid internship or will receive other remuneration from the Office, the Office will verify with the DHS and the SSA that you are eligible for employment in the United States.

## CERTIFICATION, RELEASE AND SIGNATURE

**I certify** that all of the information I have supplied on this application is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application, or the withholding or omission of any information requested on this application, may be grounds for not selecting me for an internship, or for terminating my internship after I begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18 Sec. 1001).

I understand that any information I give may be investigated and that the Office of Senator Heidi Heitkamp 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 with the Office of Senator Heidi Heitkamp by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Office of Senator Heidi Heitkamp. I understand that for financial or lending institutions, medical institutions, hospitals, healthcare professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

If selected for an internship and in consideration of my employment as an intern, **I agree** to conform to the rules and regulations of the United States Senate and the Office of Senator Heidi Heitkamp. My internship may be terminated with or without cause and with or without notice, at any time, at the option of either the Office or me. I understand that no representative of the Office of Senator Heidi Heitkamp has any authority to enter into any agreement contrary to the foregoing.

**I understand that interns of the Office of Senator Heidi Heitkamp are at-will. Nothing in this application alters an intern's at-will status.**

I have read and understand all of the above.

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Applicant's Signature

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Date (Month, Day, Year)