

Internship Application
Office of Congressman Bill Posey

Name: _____ Date of Application: _____

Permanent Address: _____

Permanent Home Phone Number: _____

School/Temp. Address (if different): _____

School/other Phone Number: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Are you a United States Citizen? _____

Are you a Florida Resident? _____

Parent/Guardian Name (if under age 18): _____

Name of School or College: _____

Major: _____

Year of Graduation: _____

Will you receive college credit for your internship? _____

Internship Requirements: _____

Internship Dates Requested: _____

I am interested in serving as an intern in the following office:

District Office

Washington, DC Office

Dates & Times Available: _____

Full-time preferred Part-time preferred

Have you ever served as an intern? _____

When & Where: _____

Involvement in Community Service/Extracurricular Activities: _____

Your packet should include the following:

- Completed application
- Cover letter
- Resume
- Two letters of recommendation
- Brief writing sample

Please submit your application packet to my Melbourne Office:

Attention: Intern Coordinator
2725 Judge Fran Jamieson Way
Melbourne, FL, 32940