



U.S. Representative Todd Tiahart Congressional Intern Program

Full name: _____

Telephone number: _____

E-mail address: _____

Current address:

Permanent address:

Male

Female

Date of birth
 ___/___/___

Are you a U.S. citizen?
 Yes
 No

When could you begin working?
 From ___/___/___ to ___/___/___

Will you be seeking college credit? If so, please attach a brief description of the program requirements.

Mail completed application along with your résumé to:
The Honorable Todd Tiahart
Attention: Intern Coordinator
2441 Rayburn House Office Building
Washington, D.C. 20515

If you have any questions, please call the office at 202.225.6216.

I am a U.S. citizen. If selected, I hereby agree to abide by the rules and regulations for congressional employees and the office of Representative Todd Tiahart. I certify that the information on this form is true and accurate to the best of my knowledge.

Signature: _____

Date: ___/___/___



U.S. Representative Todd Tiahrt Congressional Intern Program

Describe an accomplishment that demonstrates one of your strengths.

What is your current major?

Explain how and why you decided on this major.

What motivated you to apply for a congressional internship with Rep. Tiahrt, and what do you hope to gain from this experience?

You may attach an additional sheet if you feel it is necessary. However, longer answers are not necessarily better.