

OHIO HOUSE OF REPRESENTATIVES INTERN APPLICATION

Name: _____ Date of Birth: _____
 Last First Middle Initial

Present
 Address: _____
 Number/Street City County State/Zip Phone

Permanent
 Address: _____
 Number/Street City County State/Zip Phone

Email Address _____

Do you have automobile liability insurance: _____ Insurer's Name: _____

Driver's License Number: _____ Social Security Number: _____

Employment History (Please list your most recent employment first):

Employer & Address	Position Held	Month/Year	Reason for Leaving

References: Name Relationship Phone Number
 (1) _____
 (2) _____
 (3) _____

Education:

I am currently enrolled an undergraduate college or university:

(Circle One) FULL-TIME OR PART-TIME

Please submit your official class schedule with this application.

	Name of School Location	Attended From To	Did you graduate?	Major Subjects
High School				
Business College				
College				
Other				

Cumulative grade point average: _____

Anticipated date of graduation: _____

Number of credit hours enrolled (specify quarter or semester): _____

Quarter for which your application applies: _____

Your State Representative: _____

Please indicate if you prefer to be assigned to the Republican or Democrat Caucus:

Signature of Applicant: _____ Date: _____

**PLEASE ATTACH A COPY OF YOUR RESUME, CURRENT CLASS SCHEDULE
AND A ONE-PAGE (200 WORD) STATEMENT WHICH OUTLINES YOUR
INTEREST IN BECOMING AN INTERN.**

When application is complete, please return to:

**Ohio House of Representatives
Attn: Graham McCready
77 S. High St., 12th Floor
Columbus, Ohio 43215-6111**

Internapplication@ohiohouse.gov