

U.S. CHAMBER OF COMMERCE

1615 H Street, NW

Washington, DC 20062

INTERNSHIP APPLICATION

Please complete sections I-IV and attach a copy of your resume and a writing sample. Return all requested information to: Internship Coordinator, U.S. Chamber of Commerce, 1615 H Street, NW, Washington, DC 20062. In addition, request your career counselor or a faculty member to send a letter of recommendation to the Internship Coordinator in a separate envelope.

SECTION I: PERSONAL DATA

Name: (Last)	(First)	(Middle)	Nickname or Other Name Preferred:
Current Address (Number and Street)			Social Security Number:
City, State and Zip Code		Daytime Phone Number:	Best Time to Call:
Above Address Effective From:		To:	

Permanent Home Address (Number and Street)	
City, State and Zip Code	Home Phone Number ()

SECTION II: ACADEMIC INFORMATION

Name of College/University	City, State
Field of Study	Expected Date of Graduation:

SECTION III: GOALS AND OBJECTIVES

<p>Please clearly state your goals/objectives in obtaining an internship with the U.S. Chamber of Commerce.</p>

Dates of Availability From:	To:
Please indicate source from which you learned of this internship:	

Please indicate in order of preference, the departments in which you are interested in working:		
1)	2)	3)

Will you be able to intern: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
If part-time, please indicate the number of days and hours per week you are available: _____

SECTION IV: CERTIFICATION

I, the undersigned, certify that the information furnished in this application and any supporting documentation is true and complete to the best of my knowledge and belief. I also understand that Chamber interns or intern applicants are enrolled in their junior or senior years in an undergraduate program or in a graduate program and are interested in an internship on either a credit or non-credit basis. While the Chamber will work with those who seek to qualify their internship for credit, I understand that the Chamber cannot guarantee that credit will be received. I further understand that all internships are offered without remuneration.	
Signed: _____	Date: _____

(DO NOT WRITE BELOW)

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For Human Resources Action Only

Date Internship Begins	Date Internship Ends	Days on Assignment	Hours
Department		Extension	Immediate Supervisor/Manager
Local Address During Internship			Telephone Number ()

Name of Person to be Contacted in Case of Emergency	Relationship
Street Address	
City, State and Zip Code	
Telephone Number (Home)	Telephone Number (Work)

