



Office of Senator Ted Gaines

Internship Application Form

Please provide the following information and email the completed form to senator.gaines@senate.ca.gov. Attach resume and references.

Name: _____ DOB: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____
Residence

Address: _____ City: _____ State: _____ Zip: _____

Party Affiliation (optional): _____

College or School: _____ City: _____

Major (include minor/concentration): _____

Graduation Date: _____ Is this internship for school credit? Yes No

Applying for: Spring Summer Fall

Available Start Date: _____ Estimated End Date: _____

Days & Times Available: _____

Office of Interest? Capitol Granite Bay Redding

Previous Work Experience

Title	Duties	Supervisor Name & Number	Dates

Can you perform this job's duties, without accommodations? If no, please provide a brief description:

Please describe yourself and what you hope to learn from this internship (attach answer if needed):
