

## Office of Assemblymember Brian Maienschein Internship Application Form

Please provide the following information:			
Name: _____			
Date of Birth _____			
Phone Number: _____			
Address: _____			
Permanent Address (if different):			
E-mail: _____			
College attending:			
Graduation Date and Degree: _____			
Will you be receiving credit for this internship? _____			
If so, what is the name of the program? _____			
Applying for:    Spring: _____                  Summer: _____                  Fall: _____			
What days/hours will you be available?			
Do you have previous <u>work</u> experience in the federal, state, or local government? Please explain:			
_____			
_____			
_____			
Please describe below:			
Title	Duties	Supervisor name and number:	Dates:


Can you perform the functions of this job (essential and/or marginal), with or without accomodations? If no, please provide brief description:

Please describe yourself and your future career aspirations: (attach answer if needed)

Please attach resume and references. E-Mail to Lance Witmond  
at: lance.witmond@asm.ca.gov