**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: | | Nickname or Other Name Preferred: |
| Current Address | | Social Security Number: |
| City, State and Zip Code | Daytime Phone Number: | Best Time to Call: |
| Above Address Effective From: | | |

|  |  |
| --- | --- |
| Permanent Home Address: | |
| 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**

|  |
| --- |
| Please clearly state your goals/objectives in obtaining an internship with the U.S. Chamber of Commerce. |

|  |
| --- |
| 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: |

|  |
| --- |
| Will you be able to intern: [ ] Full Time [ ] 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)**

**= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =**

**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) | |