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| C:\Users\cwesterman\Desktop\us-chamber.png  **U.S. Chamber of Commerce**  1615 H Street NW  Washington, DC 20062 |

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| **FALL 2020 INTERNSHIP APPLICATION** |

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| 1. **Contact Information** | | | |
| **Last Name**  Click here to enter text | **First Name**  Click here to enter text | **Middle Name**  Click here to enter text | **Date of Application**  Click here to enter text |
| **If any of your educational or employment records are under any name(s) other than that shown above, please provide the name(s) under which these records may be located:** Click here to enter text | | | |
| **Street Address**  Click here to enter text | **City**  Click here to enter text | **State**  Click here to enter text | **Zip/Postal Code**  Click here to enter text |
| **Primary Phone** Click here to enter text | | **Secondary Phone** Click here to enter text | |
| **Have you reached your 16th birthday?**  Yes  No | | | |
| **Have you previously interned with the U.S. Chamber of Commerce?**  Yes  No  If "Yes," please give dates of your internship(s) Click here to enter text | | | |
| **Have you previously applied for employment to and/or an internship with the U.S. Chamber of Commerce?**  Yes  No  If "Yes", please give date(s) and department(s): Click here to enter text | | | |
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| **Please identify any relatives or friends currently employed by U.S. Chamber of Commerce, indicating job title and place of employment.**  Click here to enter text | | | |

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| 1. **Application** |
| **Program Applying For:**  U.S Chamber of Commerce Internship  Next-Gen Scholars Program\*  ***\*Note, for Fall 2020 we are only accepting applications for the Next-Gen Scholars Program. For more information on the Next-Gen Scholars program, and to check if you qualify, please visit*** [***https://www.uschamber.com/nextgen***](https://www.uschamber.com/nextgen)***.*** |
| **If applying for the Next-Gen Scholars Program, please list the HBCU or Minority Serving Institution you are currently enrolled in:** Click or tap here to enter text. |
| **Please list up to 2 opportunities to which you wish to apply:** (Please include department and title. Ex. Institute for Legal Reform- Marketing)   1. Click here to enter text 2. Click here to enter text |
| **How did you learn about this internship opportunity?** Click here to enter text |
| **Internship Status Desired (Check all that apply):**  Full-Time  Part-Time |
| **All available internships for Fall 2020 are for Academic Credit. Are you eligible for Academic Credit through your college or university?**  Yes  No  ***Please confirm with your institution before submitting your application. This is information is usually accessible through your academic advisor, department/major advisor, or career services.*** |

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| **LICENSURE/REGISTRY/CERTIFICATION** |

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| 1. **Education and Experience** | | | | | |
| **School Name** | **Location of School** | **Course of Study** | **No. of Years Completed** | **Did you Graduate?** | **Type of Diploma or Degree** |
| **High School** | Click here to enter text | Click here to enter text | Years | Select | Click here to enter text |
| **College or University** | Click here to enter text | Click here to enter text | Years | Select | Click here to enter text |
| **College or University** | Click here to enter text | Click here to enter text | Years | Select | Click here to enter text |
| **Graduate or Professional School** | Click here to enter text | Click here to enter text | Years | Select | Click here to enter text |
| **Trade or Business School** | Click here to enter text | Click here to enter text | Years | Select | Click here to enter text |
| **Training in Specialty Areas** | Type of training **Address of Training Program** Click here to enter text | | | | |
| **Do you hold professional licensure/registry/certification?** **If yes, please provide particulars:**  Click here to enter text | | | | | |
| **Describe any other education, training, skills, language proficiencies, or certificates you possess which are relevant to the internship for which you have applied:**  Click here to enter text | | | | | |
| **List all methods, techniques, equipment and computer software applications with which you are proficient and which are relevant to the internship for which you have applied:**  Click here to enter text | | | | | |
| **Describe present and past memberships in professional, collegiate, or philanthropic organizations, including offices held** (you may exclude any memberships which suggest or disclose your race, color, national origin, religion, disability or any other protected status):  Click here to enter text | | | | | |
| **List published articles/research of a work-related nature:**  Click here to enter text | | | | | |

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| **EMPLOYMENT RECORD** |

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| Starting with current or most recent, list all employers past and present. Include self-employment and summer and part-time jobs. |

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| **Current or Most Recent Employer** | **Company Name** | | **Telephone** | **Type of Business** |
| **Street Address** | **City** | **State** | **Zip/Postal Code** |
| **May We Contact?** | | **Employed** | |
| **Base Pay (annual): Start $ Last $** | | | |
| **Other Compensation (Shift Premium, Bonus): $ per** | | | |
| **Name and Title of Immediate Supervisor** | | **Your Position Title** | |
| **Date Hired** | | **Date Separated** | |
| **Reason for Leaving** | | | |
| **Describe your work associated with this position:** | | | |
| **Significant Job-Related Accomplishments:** | | | |  |

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| **2nd Previous Employer** | **Company Name** | | **Telephone** | **Type of Business** |
| **Street Address** | **City** | **State** | **Zip/Postal Code** |
| **May We Contact?** | | **Employed** | |
| **Base Pay (annual): Start $ Last $** | | | |
| **Other Compensation (Shift Premium, Bonus): $ per** | | | |
| **Name and Title of Immediate Supervisor** | | **Your Position Title** | |
| **Date Hired** | | **Date Separated** | |
| **Reason for Leaving** | | | |
| **Describe your work associated with this position:** | | | |
| **Significant Job-Related Accomplishments:** | | | |  |

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| **3rd Previous Employer** | **Company Name** | | **Telephone** | **Type of Business** |
| **Street Address** | **City** | **State** | **Zip/Postal Code** |
| **May We Contact?** | | **Employed** | |
| **Base Pay (annual): Start $ Last $** | | | |
| **Other Compensation (Shift Premium, Bonus): $ per** | | | |
| **Name and Title of Immediate Supervisor** | | **Your Position Title** | |
| **Date Hired** | | **Date Separated** | |
| **Reason for Leaving** | | | |
| **Describe your work associated with this position:** | | | |
| **Significant Job-Related Accomplishments:** | | | |  |

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| **ADDITIONAL JOB-RELATED EXPERIENCE** |

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| **Describe any other experiences (e.g., volunteer work), qualifications, skills or abilities which you possess in addition to those you have outlined above and which you consider important to the successful performance of the job for which you are applying** (you may exclude any experiences which suggest or disclose your race, color, national origin, religion, disability or other protected status)**.**  Click here to enter text |

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| **REFERENCES** |

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| **List current and former co-workers, colleagues and/or professional acquaintances not related to you (other than those persons listed previously) who can provide first-hand knowledge of your qualifications and abilities. U.S. Chamber of Commerce may contact these references in connection with its consideration of your credentials.** | | | | |
| **Name** | **Relationship to You** | **Occupation and Title** | **Phone Number (Include Area Code)** | **Years Known** |
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| **APPLICANT'S CERTIFICATION, AUTHORIZATION AND UNDERSTANDING** |

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| I understand that neither this internship application nor any other company documents, policy manuals, handbooks, benefit plans, policy statements and the like, as they may exist from time to time, or other company practices constitute a contract or guarantee of employment.   I understand that my work and personal history may be investigated in connection with my internship application, and that an independent agency may be retained by the Chamber to conduct such investigations. I authorize my previous employers, schools and other people named above to give any information they may have regarding me, whether or not it is on their records. I hereby release said employers, schools or people from all liability for any damages resulting from disclosure of this information.  Electronic Signature  Applicant's Signature Click here to enter text Date Click here to enter text |

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**IMPORTANT- Please save and submit your application in the following format:**

“Last name\_First name\_Application”