



# State Representative Brian Stewart Internship Application 2017

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS  
WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Today's Date: \_\_\_\_\_

Name:

Last	First	Middle	Maiden
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Current Address:

Street	City	IL	Zip Code
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How long have you resided at your current address?

Years	Months
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Social Security #

Telephone

Home:

Email:

Cell:

Other:

Hours of Employment Desired

During the Week

During the Weekends

Evening Shift

Do you have a valid Driver's License?

Circle:

YES NO

Do you speak a 2nd Language?

No

Yes, I Speak: \_\_\_\_\_

References

Please provide at least 3 references

First Name

Last Name

Reliable Contact Phone #

Personal

Personal

Work Related

Work Related

Have you used any other names or Social Security number other than the one provided above?

No  Yes, they are: \_\_\_\_\_

**Include education history, prior work history, and all other applicable experience in attached resume**

I certify that the information stated above is true and correct to the best of my knowledge, and should any error omission or false representation. I understand that it may affect me employment status with Representative Brian Stewart

Printed Name:

Signature:

Date: