



**Congressman Tom Graves**  
Georgia's 14<sup>th</sup> District  
Internship Application

**Personal Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle initial: \_\_\_\_\_

***Current Address***

Street/Box #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

***Permanent Address (if different than above)***

Street/Box #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check all that apply:

I am a GA-14 resident

My parents/guardian reside in GA-14

**Educational Information**

College/University Attending: \_\_\_\_\_

GPA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Political Science Courses:

Policy Areas that Interest You:



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**Internship Information**

Which semester are you applying for? \_\_\_\_\_

Between what dates are you available? \_\_\_\_\_

Will you receive credit for this internship? \_\_\_\_\_

If so, who is your internship advisor?

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Department/Office: \_\_\_\_\_

I am interested in an internship in the following areas:

Washington, DC Office

Dalton District Office

Rome District Office

**Emergency Contact Information**

In case of emergency, contact:

***Primary Contact:***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



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I HEARBY CERTIFY that all the foregoing information I have supplied in this application is correct and complete. Furthermore, I understand that any falsification or omission of any information may be grounds for not employing me or for dismissing me. I give the Office permission to contact any or all of my previous employers, my references and my schools for full information.

If accepted and in consideration of my acceptance, I agree to confirm to the rules and regulation of the Office. My internship may be terminated with or without cause and without any notice, at any time, at the option of either the Office or me.

I understand that the interns of the Office of Congressman Tom Graves are at-will. Nothing in this application alters an intern's at-will status.

PLEASE DATE AND SIGN HERE:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Instructions:**

Please submit completed application, resume, cover letter, and unofficial transcript. Due to security restrictions, mail is delayed for testing for at least five business days. Emailed applications are preferred.

Interviews will be conducted in Washington, DC, Dalton, or Rome depending on applicant location. For applicants interested in a D.C. internship, phone interviews are available.

For questions or to email a completed application, please contact:

**DC Office**

U.S. Congressman Tom Graves  
Attn: Max Berry - Intern Coordinator  
[Max.Berry@mail.house.gov](mailto:Max.Berry@mail.house.gov)  
Telephone: (202) 225-5211  
Fax: (202) 225-8272

**District Offices**

U.S. Congressman Tom Graves  
Attn: Tracey Bartley - Intern Coordinator  
[Tracey.Bartley@mail.house.gov](mailto:Tracey.Bartley@mail.house.gov)  
Telephone: (706) 226-5320  
Fax: (706) 278-0840

*Note: Internships are available to students who have completed a minimum of one year of undergraduate education. High school students are not considered.*