**Kentucky Legislative Internship (KLIP) Application**

**Return this application to** **psintern@uky.edu****. Review of applications begins November 1.**

**Date of Application:**

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| **Applicant Information** |
| Name (First, Middle, Last):  | Date of Birth:  |
| Home Address:  | Apt/Unit: |
| City:  | State:  | Zip:  |
| Email:  | Phone:  | Cell: |

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|  Classification as of September:  | Cumulative Grade Point Average:  |
|  Fields of StudyMajors: Minor:  |

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| Do you have a preferred party affiliation for your internship? If so, list it here. | If you prefer to work with a specific state legislator(s), please their names here. |
| Please provide a brief explanation of why you would like to work for this/these representative(s)? (100 words or less) |

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| **Employment History** |
| Please list your job history, including the employer's name, dates employed, and a description of duties. |
| Most Recent Employer:  | Phone: |
| Address: |
| City:  | State: | Zip:  |
| Supervisor (Name & Title):  |
| Position Title: | Start Date: | End Date:  |
| Description of Duties:  |

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| --- | --- |
| Employer:  | Phone: |
| Address:  |
| City:  | State:  | Zip: |
| Supervisor (Name & Title):  |
| Position Title:  | Start Date:  | End Date:  |
| Description of Duties:  |

**Briefly discuss what prompted you to apply for this internship, the skills and attributes you will bring to the program, and the personal or professional benefits you hope to attain from your involvement in the Kentucky Legislative Internship Program. (500 words or fewer).**