



Internship Recommendation Form

(Please complete all fields)

How long have you known the applicant: _____ Are you related to the applicant: _____

If so how: _____

In what capacity have you known the applicant: _____

I waive my right of access to this recommendation: YES NO

Applicants Signature _____ Date _____

Applicants Name: _____ Your Name: _____

Please fill out the form based on the characteristics you have observed in comparison to other students you have taught or employees you supervised.

| | Below Average | Average | Above Average | Superior |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Demonstrates critical thinking and analytical skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organizational Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to adapt to new challenges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works well with others in a team setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works well under pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Interns are sometimes asked to research and write information on upcoming legislation, please describe a time you witnessed the applicant excel on a project similar in nature.



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Interns are paired with legislative assistants in issue areas that they have chosen and often work directly with them to gain a better understanding of the issue. Please comment on the applicant's ability to interact with others in a group situation.

PLEASE ATTACH ANY LETTERS OF SUPPORT OR OTHER DOCUMENTS TO THIS FORM.

Recommender Signature: _____ Date: _____

Phone number: _____ Organization: _____

HOW TO SUBMIT THIS FORM:

FOR WASHINGTON D.C. POSITIONS

please return this form to:

Mr. Charles Carroll

524 Hart Senate Office Building,
Washington D.C. 20510

P: (202) 224-2854 F: (202) 228-4611

Charles_Carroll@kirk.senate.gov

FOR CHICAGO AND SPRINGFIELD IL POSITIONS

please return this form to:

Ms. Constance Palas

230 S. Dearborn Suite 3900
Chicago IL 60604

P: (312) 886-3506 F: (312) 886-2117

Constance_Palas@kirk.senate.gov