OFFICE OF U.S. SENATOR HERB KOHL
INTERNSHIP PROGRAM

Milwaukee Office
Senator Herb Kohl
Attn: Kate Sternke
310 W. Wisconsin Avenue, Suite 950
Milwaukee, Wisconsin 53203
Phone: (414) 297-4451; Fax: (414) 297-4455
kate_sternke@kohl.senate.gov

Madison Office
Senator Herb Kohl
Attn: Kelly Ascheman
14 W. Mifflin Street, Suite 207
Madison, WI 53703
Phone: (608) 264-5338; Fax: (608) 264-5473
kelly_ascheman@kohl.senate.gov

Name: _____

Current Address: _____
Street City State Zip

Phone Number: _____ **Email Address:** _____

Social Security Number: _____ **Date of Birth:** _____

University/School Name: _____ **Year in School:** _____

Graduation Date: _____ **Area(s) of Study/Major(s):** _____

GPA: _____ **Have you applied for this position before?:** _____

Please Attach the Following:
1. Letter of Interest (Cover Letter)
2. Résumé
3. Writing Sample
4. Availability (including class, work, and organizational commitments during business hours)

References:
Please provide two professional and/or academic references.

1. Name: _____

   Phone: _____

   Relationship: _____

2. Name: _____

   Phone: _____

   Relationship: _____

Please answer the following questions:

1. **What do you wish to gain from working in a Senate office?**

2. **What skills and characteristics do you possess that would benefit this office?**

3. **How do you approach a challenge?**

4. **Senator Kohl represents constituents from diverse economic, racial, and religious backgrounds. Each constituent has unique and individual needs. What characteristics would enable you to positively interact with these constituents on the telephone and react to their needs?**

5. **In the Milwaukee and Madison Senate offices, our staff handles various types of casework. It is our goal to provide each constituent with excellent service and give their case special attention. What does advocacy mean to you and how will you contribute to our office goal.**

6. **What political and/or social issues are of interest to you?**

7. **Please list all organizations, clubs, professional societies, or other associations that you are currently or have in the past been a member of, or have associated with/participated in. You may omit those that indicate your race, religious creed, color, national origin, ancestry, sex, or age.**

I hereby certify that the information I have provided is accurate and I understand that supplying inaccurate or incomplete information will result in the automatic disqualification of my application.

_____ _____

Signature Date