



ASSEMBLYWOMAN  
**BLANCA E. RUBIO**  
 48<sup>TH</sup> DISTRICT

*Thank you for your interest in our internship program.*

*Please provide the following background information.*

Personal Information		Emergency Contact Information	
Name:		Contact:	
Address:		Relationship:	
City, Zip:		Address:	
Phone:		City, Zip:	
E-mail:		Phone:	
Languages spoken:		E-mail:	

**Education:** School/College/University: \_\_\_\_\_

Grade /Year (Fr, So, Jr. Sr.): \_\_\_\_\_ Major/Study (if any): \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

**Have you had experience with the following office essentials?**

\_\_\_ Microsoft Word \_\_\_ Microsoft Excel \_\_\_ Microsoft Power Point \_\_\_ Mail Merge  
 \_\_\_ Microsoft Outlook \_\_\_ Fax Machine \_\_\_ Filing Documents \_\_\_ Copy Machine  
 \_\_\_ Data Entry

**Please use numbers 1-7 to prioritize your areas of interest:**

\_\_\_ Education \_\_\_ Health \_\_\_ Technology \_\_\_ Veterans \_\_\_ Public Safety  
 \_\_\_ Constituent Services \_\_\_ Environment \_\_\_ Other: \_\_\_\_\_

**Brief Essay Questions: (Please attach additional pages)**

**1. Why are you interested in interning for Assemblywoman Blanca E. Rubio?**

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**2. What plans do you have after college?**

**3. How do you see this internship supporting your future career goals?**

\*Please mail, fax, or e-mail attached application along with resume and cover letter to:

**For an internship in the District Office contact:**

Leia Fletes  
100 North Barranca Street Suite 895  
West Covina, CA 91791  
e-mail: [leia.fletes@asm.ca.gov](mailto:leia.fletes@asm.ca.gov)  
Phone (626) 960-4457  
Fax: (626) 960-1310

**For an internship in the Capitol Office contact:**

Christina Romero  
State Capitol  
P.O. Box 942849  
Sacramento, CA 94249-0048  
e-mail: [Christina.romero@asm.ca.gov](mailto:Christina.romero@asm.ca.gov)  
Phone: (916) 319-2048  
Fax: (916) 319-2148