



Form 70-111 (Rev. 09/24)

Internship Application

P. O. Box 22828
Jackson MS 39225
Telephone:
601.923.7700
601.923.7714

Website: www.dor.ms.gov
Email: Internship@dor.ms.gov

Please complete and submit with a copy of an official transcript within the last 3 months, a legible copy of your driver's license, resume and letter of recommendation from an instructor, dean or department head.

Student Information:

Name: _____ Drivers License #: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Permanent Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Major: _____ Minor: _____ Projected Graduation Date: _____ GPA: _____
Academic Advisor: _____ Academic Advisor Phone: _____
Academic Advisor Address: _____
City: _____ State: _____ Zip: _____
Completed Academic Hours: _____

Please select the internship you are applying for below.

- Income Tax Audit (traditional)
- Sales Tax Audit (traditional)
- District Office/Field Audit (local travel)
- Accounting (traditional)
- Information Technology
- Communications

Work Experience:

Employer: _____ Phone: _____

Position: _____ Dates Employed: _____ to _____

Address: _____

Duties: _____

Employer: _____ Phone: _____

Position: _____ Dates Employed: _____ to _____

Address: _____

Duties: _____

Signature: _____ **Date:** _____