



Government Accountability Internship Application

Mississippi Office of the State Auditor

501 N West St, Suite 801

Jackson, MS 39201

Return your completed application along with your most recent transcripts (official or unofficial), writing sample (research paper, project, class paper, etc.) to: Internships@osa.ms.gov

Applicant Information:

Name: _____

Permanent Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

How did you hear about this opportunity? _____

(Ex: OSA employee spoke to your class or event, OSA at a Career Fair, referred by an employee, social media post, etc.)

Current Education:

Major: _____ **Minor:** _____

Expected Graduation Date: _____ **Current Cumulative GPA:** _____

Current Classification (Freshman, Sophomore, Junior, Senior, Graduate Student): _____

Previous Education:

Major: _____ **Minor:** _____

Graduation Date: _____ **Cumulative GPA:** _____

Work Experience:

Employer: _____ **Phone:** _____

Positions: _____ **Dates Employed:** _____ **to** _____

Address: _____

Duties: _____

Hours worked per week: _____

Work Experience:

Employer: _____ **Phone:** _____

Positions: _____ **Dates Employed:** _____ **to** _____

Address: _____

Duties: _____

Hours worked per week: _____

Work Experience:

Employer: _____ **Phone:** _____

Positions: _____ **Dates Employed:** _____ **to** _____

Address: _____

Duties: _____

Hours worked per week: _____

Signature: _____ **Date:** _____