MISSISSIPPI DEVELOPMENT AUTHORITY

MISSISSIPPI

# Internship Application

Name Date

Current Address

City State Zip Code

Driver's License Number Issued

Phone Number Email Address

Classification ☐ Junior ☐ Senior ☐ Graduate Student

College/University Attending

Major/Field of Study

Anticipated Graduation Date

Internship Term ☐ Fall Semester ☐ Spring Semester ☐ Summer

Internship Division/Program Desired Accounting & Finance

Emergency Contacts:

Name Relationship Phone Number

Name Relationship Phone Number

Availability for Internship (Days and Time)

Please provide two non-family references we may contact.

Name Relationship Phone Number

Name Relationship Phone Number

Why are you interested in an internship with the Mississippi Development Authority?
*If an internship is required for graduation, please include the requirements from your school.*

*I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by Mississippi Development Authority. I know that misrepresentation herein may lead to rejection of my application, removal of my name from consideration in the intern program, and/or dismissal. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility.*

Signature Date

**Faculty Advisor** *My signature below confirms that this student is currently enrolled full time and eligible to participate in the MDA Internship Program as outlined in the Internship Program Policy.*

Name Phone Number

Signature Date

**Email completed application, resume, and undergraduate/graduate unofficial transcript to Diane Mattox at dmattox@mississippi.org.**

*The Mississippi Development Authority is an equal opportunity employer and will fill this internship without regard to race, ethnic background, color, religion, national origin, sex, marital status, age, or disability.*