

**STUDENT INTERNSHIP
APPLICATION**



**DEPARTMENT OF HUMAN RESOURCES
633 NORTH STATE STREET, 3RD FLOOR
P.O. BOX 17- JACKSON, MS 39209
601-960-1053/ 601-960-1187 (fax)**

AN EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

Semester applying for:

Name: Last _____ First _____ MI _____

Mailing Address: Street _____ City/State/Zip _____

Social Security Number: _____ Telephone Number: _____

Mailing address & phone number while in school:

School Address: Street/P.O. _____ City/State _____ Zip _____

Telephone Number: _____

If you are not a U.S. Citizen, do you have a valid work permit?

City of Jackson restricts the employment of relatives, and prohibits their employment in the same department or in positions reporting directly or indirectly to relatives. Do you have relatives employed by the City of Jackson? _____

EDUCATION: List college(s)/universities currently and previously attended, starting with most recent:

College Name	Location	Major	Degree	Date Awarded or Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____