Internship Application

To be considered for an internship, you must submit a completed application form along with your resume. Please send both to scg@milocpa.net. Selected candidates will be contacted for an interview.

STUDENT INFORMATION

Full Name: _____ Date: _____

Street Address: _____

City: _____ State:_____ Zip Code:_____

Phone Number: _____ E-mail Address: _____

College/University: _____ GPA: _____ Major: _____

Circle One: Graduate Senior Junior Sophomore

INTERNSHIP AREA OF INTEREST

Semester Desired:

Fall_____ Spring_____ Summer_____

Areas of Interest:

___Auditing Services ___Internal Auditing Services ___General Accounting Services

___Tax Services ___Management Consulting Services

Are you authorized to work in the U.S.? Yes___ No___

If no, do you require sponsorship? _____

REFERENCES

Please list a reference whom we may contact.

Name: _____ Organization: _____

Relationship: _____ Phone Number: _____

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance into the internship program, I understand that false or misleading information in my application or interview may result in my release. I agree to allow MRC to investigate my references, work, record, and education.

Signature: _____ Date: _____

MRC is an equal employment opportunity employer. Discrimination based on race, color, religion, sex, handicap, sexual orientation, or national origin is prohibited.