



Department of  
**Revenue**

# Internship Application

APPLICATION FOR INTERNS FOR  
THE TENNESSEE STATE DEPARTMENT OF REVENUE

## **Applicant Information:**

Name:

Current Address:

Permanent Address:

Phone:

Email:

## **Education:**

Are you currently enrolled in school?      Yes                  No

If yes, please fill out the following information:

University:

Current overall GPA:

Current Accounting GPA:

Current Number of Completed  
Accounting Coursework Hours:

Accounting Hours Completed Are:                  Semester                  Quarter

Expected Graduation Year:

Major:

Minor:

Do you plan to earn school credit for this internship?      Yes                  No

**\*If yes, you must attach all relevant paperwork from your school to this application.  
Your application will not be considered without this paperwork.**



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**Areas of Interest:**

1. Please select the relevant locations for which you are interested:

Chattanooga

Knoxville

Cookeville

Memphis

Jackson

Nashville

Johnson City

Shelbyville

2. Why are you interested in interning with our organization?

3. What specific experience would you like to gain through our organization?



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4. How do you feel your knowledge and skills will benefit the Department of Revenue in the performance of this position's duties?

### **Candidates will be subject to reference checks.**

Submit your application along with your official college transcripts, resume, writing sample, Excel spreadsheet sample, and list of, at minimum, three references to [Audit.Internship@tn.gov](mailto:Audit.Internship@tn.gov) no later than March 11, 2016.

### **IMPORTANT, PLEASE READ AND SIGN**

#### **Please read carefully before signing:**

The Tennessee Department of Revenue does not discriminate in employment on the basis of race, sex, religion, national or ethnic origin, age, disability, military service, or any other protected category.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. I authorize the Department to contact references provided. If any information is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of this internship opportunity or immediate dismissal.

Signature:

Date:

**\*Return this application to [Audit.Internship@tn.gov](mailto:Audit.Internship@tn.gov) no later than March 11, 2016.**