

Office of Congressman Mike Ezell

Internship Application

** Please send the below application, a resume, and a cover letter to Griffin Wiggins
griffin.wiggins@mail.house.gov for further review. **

Name: _____

Phone Number: _____

Email Address: _____

Current Address: _____

Home Address: _____

Please select from the following options for which internship session you are applying:

Summer (May – August)

Fall (August – December)

Winter (January – May)

Please indicate which office location you would like to apply to intern in:

Washington, D.C.

Laurel, MS

Hattiesburg, MS

Gulfport, MS

Pascagoula, MS

Please list the dates that you are available:

Please indicate your availability:

Full Time

Part Time

Will you be seeking academic credit for your internship?

Yes

No

If yes, what are your institutions requirements:

What is your current education status?

College Freshman

College Sophomore

College Junior

College Senior

College Graduate/Post Graduate Student

Name of institution: _____

Please provide two references (one academic and one work-related)

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____