



MIKE HARMON
AUDITOR OF PUBLIC ACCOUNTS

Auditor of Public Accounts Internship Program Application

Full Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

College Credit Hours: _____

Number of Accounting Hours: _____

University Attending: _____

Area of Interest (State Audit/County Audit/Special Examination): _____

Why Do You Want an Internship with the Auditor of Public Accounts?:

Signature: _____ Date: _____

