

III. Work Experience

Please fill out the following information for your last three employer=s, listing the most recent employer first.

1. Name of Employer _____
Address _____
City, State _____
Phone# _____
Job Title _____
Job Description _____

Immediate Supervisor _____
May we contact him\her Yes_____ No_____
Dates of employment From_____/_____/_____ To_____/_____/_____
Reason for Leaving _____

2. Name of Employer _____
Address _____
City, State _____
Phone# _____
Job Title _____
Job Description _____

Immediate Supervisor _____
May we contact him\her Yes_____ No_____
Dates of employment From_____/_____/_____ To_____/_____/_____
Reason for Leaving _____

3. Name of Employer _____
Address _____
City, State _____
Phone# _____
Job Title _____
Job Description _____

Immediate Supervisor _____
May we contact him\her Yes_____ No_____
Dates of employment From_____/_____/_____ To_____/_____/_____
Reason for Leaving _____

IV. Job Interest

1. Briefly explain your interest in the Department of Transportation, Tennessee State Government, and/or this Internship program.

2. Briefly explain why you would be a good intern.

4. Please list below the location and/or the specific agency and address where you are seeking an intern position:

3. Attach two letters of recommendation to this form, or mail the letters to:

TN Transit Training Center
Middle TN State University
P.O. Box 596
Murfreesboro, TN. 37132
Attn: Mrs. Jeanie M. Shaw