



INTERNSHIP APPLICATION

FULL NAME _____

LAST

FIRST

MIDDLE

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____

STREET

CITY

STATE

ZIP

PHONE NUMBER _____ DRIVER'S LICENSE NUMBER/STATE _____

ARE YOU EMPLOYED YES NO

EMPLOYMENT HISTORY – PAST 10 YEARS

EMPLOYER, PRESENT _____

DUTIES/JOB DESCRIPTION _____

ADDRESS _____

PHONE _____ SUPERVISOR _____

EMPLOYER, PAST _____

DUTIES/JOB DESCRIPTION _____

ADDRESS _____

PHONE _____ SUPERVISOR _____

EMPLOYER, PAST _____

ADDRESS _____

PHONE _____ SUPERVISOR _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO

EDUCATION

HIGH SCHOOL _____ DID YOU GRADUATE YES NO

ARE YOU CURRENTLY ATTENDING COLLEGE YES NO

NAME OF COLLEGE _____ YRS COMPLETED _____

MAJOR COURSE OF STUDY _____

VOCATIONAL SCHOOLING, INCLUDING MILITARY YES NO

IF YES, WHAT TYPE OF TRAINING _____

ANY SPECIAL SKILLS (COMPUTERS, PUBLIC RELATIONS, ETC): _____

COMPLETELY ANSWER ALL QUESTIONS – IF NECESSARY, USE ADDITIONAL SHEETS OF PAPER

PERSONAL REFERENCES

NAME _____

ADDRESS _____

HOW LONG KNOWN _____ PHONE NUMBER _____

NAME _____

ADDRESS _____

HOW LONG KNOWN _____ PHONE NUMBER _____

NAME _____

ADDRESS _____

HOW LONG KNOWN _____ PHONE NUMBER _____

*DO YOU KNOW ANYONE THAT WORKS FOR THIS DEPARTMENT? YES NO

IF YES, THEIR NAME: _____

In the space below briefly describe why you want to intern and what you would like to gain from the experience:

Name of Educational Institution _____ Length of internship desired? _____

Internship Coordinator _____ Phone number for coordinator _____

How many hours would you need to complete your credit requirements per week? _____

Have you ever worked with law enforcement before? YES NO

If yes, in what capacity? _____

Have you ever been convicted of a felony? YES NO

If yes, give date(s) and nature of offense(s) _____

I understand that a background check is required prior to possible assignment as an intern and that due to the sensitive nature of some positions, the results of the background check may require this department to not allow me to fill said positions.

I also understand that this department will do everything in its power to try to find a position that will suit my needs and the needs of the department and that the needs of the department must come first in determining my selected positions.

I certify that the information I have given on this application is true and correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. Permission, unless indicated to the contrary, is granted to confirm by personal inquiry or such other necessary means the information set forth herein. Any information so obtained shall remain confidential.

Applicant's Signature _____ Date _____