



Yorkville Police Department Application for Student Internship

Applicant Information

Last Name:	First Name:	Middle Name:	Maiden Name:
Permanent or Home Address:			
City:	State:	Zip Code:	
Length of Residence:		Home Phone Number:	

Present Address:		
City:	State:	Zip Code:
Present Phone Number:		

Are you legally authorized to work in the United States?	Yes	No
Are you 18 years of age or older?	Yes	No

Military Classification and/or Status:

Preference for Internship Semester <i>(Please indicate Fall, Spring or Summer / Year):</i>
1 st Choice:
2 nd Choice:
3 rd Choice:





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EDUCATION

High School Attended:	
University Attending/Attended:	
Major(s):	Minor(s):
Are you fluent in a language(s) other than English? If so, please list:	
	Yes No
Please identify your proficiency with computers, specifically word processing and spreadsheet programs:	
Honors / Awards:	
Extracurricular activities, hobbies, volunteer work and/or organizations:	
Internship Related Course Work: List all criminal justice and related classes you have completed. Included courses you are currently enrolled in (identified by *) and any special workshops, training sessions, or other criminal justice experience that relates to your internship request. <i>List your classes by name not number.</i>	

Is there anything in your background that would preclude you from being acceptable to any of the agencies you are applying for?	Yes	No
If yes, please explain.		





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SUPPORTING DOCUMENTS

The following documents must be submitted for review with this application form in order for your application to be considered:

- A resume and cover letter indicating the desired internship term.
- If the internship is required for college credit, a letter of recommendation, proof of enrollment and academic requirements from the applicant's High School, College, or University.

Employment History

List employment history beginning with current employer.

Employer's Name:		Phone Number:	
Employer's Address:			
City:	State:	Zip Code:	
Position(s):			
Employer's Name:		Phone Number:	
Employer's Address:			
City:	State:	Zip Code:	
Position(s):			
Employer's Name:		Phone Number:	
Employer's Address:			
City:	State:	Zip Code:	
Position(s):			





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REFERENCES

List three references other than family or employers.

Reference #1

Name:		Relationship:	
Address:			
City:	State:	Zip Code:	Phone number:

Reference #2

Name:		Relationship:	
Address:			
City:	State:	Zip Code:	Phone number:

Reference #1

Name:		Relationship:	
Address:			
City:	State:	Zip Code:	Phone number:

CERTIFICATION AND SUBMISSION

I acknowledge the information provided in this is true and correct, and *I understand that all information provided is subject to verification.*

Signature

Date

