FAYETTEVILLE POLICE DEPARTMENT

INTERNSHIP PROGRAM APPLICATION
PERSONAL HISTORY STATEMENT

Date of Application _______________________

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from the Internship Program. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

1. NAME _______________________/_______/_______
   First         Middle        Last        Social Security Number

   Nicknames or Aliases ____________________________________________

2. Height ________ inches    Weight ________ lbs.

3. Present Mailing Address: _______________________________________
   Street and Number       City       State       Zip Code

   Permanent Mailing Address: _____________________________________
   Street and Number       City       State       Zip Code

   Telephone Number: Home: ____________________ Business: __________

   Email: ____________________________________________

4. Date of Birth: ___________________________ Place of Birth: __________

5. Citizenship: □ U. S. Born    □ U. S. Naturalized    □ Other – Specify __________________________

6. List organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.
   ___________________________________________________________
   ___________________________________________________________

7. School attending: _____________________________________________

   Major: __________________________ GPA in Major: __________ GPA Overall: __________

   School Intern Supervisor: __________________________ Phone #: __________________________

   E-Mail: __________________________________________

   Projected Date of Graduation: ____________________________

   Have you previously submitted an application for an internship with this agency? ______ Yes ______ No

   Approximate date: ____________________________

   Have you done an Internship before? ______ Yes ______ No

   If yes, where, who was your supervisor, what did you do? ____________________________________________
What are your plans after graduation? ____________________________________________________________

If you are selected to be an intern, you may be required to work nights and/or weekends. Would that be a problem? If so, explain. ____________________________________________________________

You will also be required to come before an Oral Interview Board. What day and time will you be available?

___________________________________________________________________________________________

REFERENCES:

8. Give the names of three responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
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RESIDENCES:

9. List addresses for past 8 years with present address at top:

<table>
<thead>
<tr>
<th>FROM MO.</th>
<th>TO MO.</th>
<th>ADDRESS/RESIDENCE</th>
<th>CITY &amp; STATE</th>
<th>LANDLORD</th>
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<tbody>
<tr>
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<td>PRESENT</td>
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WORK HISTORY:

10. List all jobs you have held in the last 8 years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

<table>
<thead>
<tr>
<th>Date Employed:</th>
<th>Name and title of Supervisor</th>
<th>Phone #:</th>
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</thead>
<tbody>
<tr>
<td>Date Separated:</td>
<td>Employer</td>
<td>Address</td>
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<tr>
<td>Full-time______Yrs.____Mos.</td>
<td>Duties</td>
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<tr>
<td>Part-time______Yrs.____Mos.</td>
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</tr>
<tr>
<td>If Part-time, # of hours worked</td>
<td>Reason for leaving:</td>
<td></td>
</tr>
</tbody>
</table>
Date Employed: __________________________ Name and title of Supervisor: __________________________ # employees supervised by you: __________
Date Separated: __________________________ Employer: __________________________ Address: __________________________
Full-time: ______ Yrs. ______ Mos. Duties: __________________________
Part-time: ______ Yrs. ______ Mos. __________________________
If Part-time, # of hours worked: __________
Per week: __________
Reason for leaving: __________________________

Date Employed: __________________________ Name and title of Supervisor: __________________________ # employees supervised by you: __________
Date Separated: __________________________ Employer: __________________________ Address: __________________________
Full-time: ______ Yrs. ______ Mos. Duties: __________________________
Part-time: ______ Yrs. ______ Mos. __________________________
If Part-time, # of hours worked: __________
Per week: __________
Reason for leaving: __________________________

MILITARY SERVICE

11. Were you ever in the U. S. Military Service or any other military organization? ______ Yes ______ No
   Branch of Service: __________________________ Unit: __________________________ Date of Enlistment: __________
   Date of Discharge: __________ Service Number: __________________________ Highest rank: __________
   Type of Discharge: __________________________

ARRESTS

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. (Exclude minor traffic violations)

Have you ever been arrested or detained by police? ______ Yes ______ No  If yes, give details below:
Crime Charged: __________________________ Police Agency: __________________________
Date: __________ Disposition of Case: __________________________
               Crime Charged: __________________________ Police Agency: __________________________
               Date: __________ Disposition of Case: __________________________

12. Have you ever been placed on probation? ______ Yes ______ No  If yes, give details below: __________________________

I hereby certify that all statements made in this questionnaire are true and complete and I understand that any misstatements of material facts will subject me to disqualification.

________________________________________
Signature in Full