

FAYETTEVILLE POLICE DEPARTMENT
INTERNSHIP PROGRAM APPLICATION

PERSONAL HISTORY STATEMENT

Date of Application _____
Month Day Year

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:

NAME	ADDRESS	TELEPHONE

RESIDENCES:

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

FROM MO. YR.	TO MO. YR.	ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
	PRESENT			

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.

Date Employed: _____ Date Separated: _____ Full-time _____ Yrs. ____ Mos. ____ Part-time _____ Yrs. ____ Mos. ____ If Part-time, # of hours worked Per week: _____	Name and title of Supervisor _____ Phone #: _____ Employer _____ Address _____ Duties _____ _____ _____ Reason for leaving: _____
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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: _____

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