

Prince William County Sheriff's Office

9311 Lee Avenue, Manassas, VA 20110

703-792-6070

INTERN APPLICATION

Directions: Complete each section, type or print clearly; see bottom of page two for additional required documentation.

Last Name:	First Name:	Middle Initial:			
Street Address:	City:	State:Zip:			
Home Phone:	_Business:Cell	:			
Email Address:					
□Mr. □Ms. □Mrs. □Dr. □I an Have you ever interned with us before? □Yes Have any of your friends/family worked/volunteered Education: (check all that apply) □ High school Availability: Please check the boxes for the days and time you are available to serve. Morning Afternoon Evening	□No If yes, when: d for our agency? □Yes □No If yes, w l □ Undergraduate degree □ Graduate deg Skills: Please check any of these skills th would assist you in completing a	ree hat you feel you have that n internship with this office: data entry			
References: Please list two people other than relatives who would be willing to serve as personal references.					
Last Name:Street Address: Home Phone:	City:	State:Zip:			
Last Name:	First Name:R	Relationship:			
Street Address:	City:	State:Zip:			
Home Phone:	Business:Ce	11:			

Intern Application

University/School Name: _____

Professor/Advisor Name/Phone Number:

Internship requirements from your school (if available, please attach school requirements including minimum hour commitment):

Are you able to perform the essential duties of the intern position for which you are applying? \Box Yes \Box No

If no, please explain. (A disability will not prevent you from interning if you are able to perform the essential duties of the job with reasonable accommodations.)

Have you ever been convicted of any offense, including misdemeanors, felonies and/or traffic violations? \Box Yes \Box No If yes, please describe the charge, date of conviction, location of court proceedings and specific sentence. (A conviction does not automatically disqualify you from being able to intern with our agency.)

Do you possess a valid driver's license? □Yes	□No	Driver's	License Number:	
Have any restrictions or revocations been issued?	□Yes	□No	If yes, please describe:	

I certify that the vehicle I will be operating while performing volunteer activities has liability insurance in accordance with Virginia State laws. \Box Yes \Box No

Name and policy number of current vehicle insurance: _____

I authorize the Prince William County Sheriff's Office to conduct a criminal background check.
□Yes □No

I authorize the Prince William County Sheriff's Office to conduct a driving record check.

Social Security Number: _____- Date of Birth: _____

I certify that this application is a complete record and that all information contained herein, to include attachments, is true and accurate to the best of my knowledge.

Signature

Date:

Attachments: Please submit the following documentation along with this completed application: -Unofficial college transcripts

-Résumé

-School requirements for internship (placement course description, if available) -Memorandum outlining your interests and what you would like to gain from this internship

Return to: Prince William County Sheriff's Office, Intern Program, 9311 Lee Avenue, Manassas, Virginia 20110