



# Rock Island County Sheriff's Office

## Application for Internship

### Personal Information:

Full Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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### Academic Information:

University or College: \_\_\_\_\_  
(Name) (City) (State)

Department Head/Internship Coordinator Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this internship a requirement for graduation? Yes No

Are you in good standing with your college or university? Yes No

Total hours required for your internship: \_\_\_\_\_ Major: \_\_\_\_\_

What semester do you plan on completing your internship? \_\_\_\_\_

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### Employment History (List current or most recent employment first):

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position(s): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving if applicable: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position(s): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving if applicable: \_\_\_\_\_

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### Personal References:

	Name	Complete Address	Phone	Email Address	Relationship
1.	_____				
2.	_____				
3.	_____				

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Why do you want to intern with the Rock Island County Sheriff's Office? (Please use a separate sheet of paper if needed)

### Notification:

The position for which I am being considered requires me to consent to a security/criminal background check as a condition of my internship to work inside the Rock Island County Sheriff's Office. This check includes but is not limited to the following: Criminal history reference searches for felony and misdemeanor convictions at the county, state and federal levels of every jurisdiction where I currently reside or where I have resided during the past; and sex offender registry searches at the county, state and federal levels in every jurisdiction where I currently reside or where I have resided.

### Authorization:

I hereby authorize the Rock Island County Sheriff's Office to conduct a security/criminal background check as described above. This information will be used to determine whether or not an intern will be allowed to work in our facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*Please attach a copy of your driver's license and a copy of your internship details to this application or attach them to the email. Email to [application@ricosheriff.org](mailto:application@ricosheriff.org) –Subject Line "Internship"**