



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: _____

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? _____

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: _____

Personal References:

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

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 –Subject Line "Internship"**