

## **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:Ce	ell:	
Email Address:			
□Mr. □Ms. □Mrs. □Dr. □I am	n 18 or older I prefer to receive c	calls at: □Home □Business □Either	
Have you ever interned with us before?   \[ \text{Yes}  \text{No} \]  If yes, when:  \[ \text{Have any of your friends/family worked/volunteered for our agency?}  \text{Yes}  \text{No}  \text{If yes, who/when:}			
<b>Education:</b> (check all that apply) □ High school □ Undergraduate degree □ Graduate degree			
Availability:  Please check the boxes for the days and time you are most available to serve.  Skills:  Please check any of these skills that you feel you have that would assist you in completing an internship with this office:			
Sun. Mon. Tue. Wed. Thu. Fr Morning Afternoon Evening	n. Mon. Tue. Wed. Thu. Fri. Sat.  Coordinating projects □ Graphic arts □ Web design □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
<b>References:</b> Please list two people other than relatives who would be willing to serve as personal references.			
Last Name:	First Name:		
Street Address:	City:	State:Zip:	
Home Phone:	Business:(	Cell:	
Last Name:	First Name:	_Relationship:	
Street Address:	City:	State:Zip:	
Home Phone:	Business:(	Cell:	
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Intern Application Page
University/School Name:
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?   Yes   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 wireasonable accommodations.)
Have you ever been convicted of any offense, including misdemeanors, felonies and/or traffic violations? □Yes □No If yes, please describe the charge, date of conviction, location of court proceedings and specific sentence. (A conviction doe automatically disqualify you from being able to intern with our agency.)
Do you possess a valid driver's license?     No Driver's License Number:
I certify that the vehicle I will be operating while performing volunteer activities has liability insurance in accordance with Virgi State laws.   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.   Yes   No
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:

-Official 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