

## NAPERVILLE POLICE DEPARTMENT

## APPLICATION FOR STUDENT INTERNSHIP

## **APPLICANT INFORMATION**

Last Name	First Name		Middle Name	Maiden Name	
Permanent or Home Address					
City	State	Zip Code			
Length of Residence		Home Phone N	lumber		
Present Address					
City	State	Zip Code			
Present Phone Numb	er Email Ac	ldress			
Are you legally authorized to work in the United States? Yes No					
Are you 18 years of age or older? Yes No					
Military Classification, Experience and/or Status					
Preference for Internship Semester (Indicate Fall, Spring or Summer / Year)  1 <sup>st</sup> Choice  2 <sup>nd</sup> Choice  3 <sup>rd</sup> Choice					
EDUCATION					
University Attending/Attended					
Major(s)					
Minor(s)					



Are you fluent in a language(s) other tha	an English? If so,	please list.	
Please identify your proficiency with cor	mputers, specific	ally word processing an	d spreadsheet programs.
Honors/Awards			
Extracurricular activities, hobbies, volun	iteer work and/o	r organizations	
Internship Related Course Work: List all courses you are currently enrolled in (ide criminal justice experience that relates to	entified by *) and	any special workshops,	training session, or other
Is there anything in your background tha you are applying for? If yes, please explain.	<b>at would preclud</b> Yes	l <b>e you from being accep</b> No	table to any of the agencies
SUPPORTING DOCUMENTS  The following documents must be submit	ttad for raviaw w	with this application form	in order for your application

to be considered.

- A resume and cover letter indicating the desired internship term.
- If the internship is required for college credit, a letter of recommendation, proof of enrollment and academic requirements from the applicant's college or university.
- Internship Background Waiver (available at <a href="https://www.naperville.il.us/npdinternship">www.naperville.il.us/npdinternship</a>)



List employment history beginning with current employer.				
Employer's Name			Phone	
Employer's Address				
City	State	Zip		
Position(s)			From	То
Employer's Name			Phone	
Employer's Address				
City	State	Zip		
Position(s)			From	То
Employer's Name			Phone	
Employer's Address				
City	State	Zip		
Position(s)			From	То
REFERENCES List three references other than family or employers.  Reference #1				

City State Zip Phone Number

Name

**Address** 

Relationship

Name			Relationship			
Address						
City	State	Zip	Phone Number			
Reference #3						
Name			Relationship			
Address						
City	State	Zip	Phone Number			
CERTIFICATION AND SUBMISSION						
I acknowledge the information provided in this is true and correct, and I understand that all information provided is subject to verification.						
Signature			Date			

Reference #2

Please save and submit this application with *all* required supporting documentation to Training Officer Kevin Fasana of the Professional Development & Training Unit at <a href="mailto:fasanak@naperville.il.us">fasanak@naperville.il.us</a>.

