



# WESTMINSTER POLICE DEPARTMENT

## Student Intern Application

This application is for Westminster Police Department interns ONLY. Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may disqualify you from consideration. If the space provided is inadequate, please add additional pages and identify the information by item number.

|                                      |  |                             |                     |              |              |
|--------------------------------------|--|-----------------------------|---------------------|--------------|--------------|
| Last Name                            |  | First Name                  |                     | Middle Name  |              |
| Address                              |  |                             | City/State/Zip Code |              |              |
| E-Mail Address                       |  |                             |                     |              |              |
| Home Phone #                         |  | Work Phone #                |                     | Cell Phone # |              |
| Driver's License #                   |  | State                       | Year Issued         |              | Year Expires |
| Social Security #                    |  |                             | Height              | Weight       | Hair Color   |
| Eye Color                            |  |                             |                     |              |              |
| Birthdate                            |  | Birthplace                  |                     |              |              |
| University                           |  | Degree Program              |                     |              |              |
| Academic Standing (Junior or Senior) |  | Anticipated Graduation Date |                     | GPA          |              |

1. Give any other names, include maiden, you have used or been known by, and give reasons (if none, state so).

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2. Besides the above address, please list all addresses where you have resided for the past 3 years.

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3. With whom do you reside? List name and relationship: \_\_\_\_\_

4. Check one:   Single      Married      Separated      Divorced

5. Are you a United States citizen?      Yes   No   Natural Born   Naturalized

6. Have you ever been in the military?   Yes   No      Branch \_\_\_\_\_      Rank \_\_\_\_\_

Were you ever discharged or forced to resign because of misconduct or unsatisfactory service: Yes   No

If yes, give details:

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7. Were you ever court martialled, tried on charges, or were you the subject of a summary court, deck court, Captain's Mast or company punishment, or any other disciplinary action while a member of the armed forces, National Guard, or other reserve unit? Yes No if yes, explain:

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8. Have you ever been charged with a crime or arrested by police (excluding traffic citations)? Yes No If yes, give details. **Please be aware that you are required to disclose acts that you have committed even if you were never caught, arrested, or prosecuted. Your responses will be subject to verification by a CVSA/polygraph examination.**

|               |                       |
|---------------|-----------------------|
| Crime Charged | Police Agency/Address |
| Date          | Disposition of Case   |
| Crime Charged | Police Agency/Address |
| Date          | Disposition of Case   |

9. Have you ever been placed on probation? Yes No If yes,

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10. Do you drink alcoholic beverages? Yes No If yes, how many a week? \_\_\_\_\_

11. Have you **ever** used marijuana? Yes No If yes, give details (dates and circumstances). **Please be aware that you are required to disclose acts that you have committed even if you were never caught, arrested, or prosecuted. Your responses will be subject to verification by a CVSA/polygraph examination.**

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12. Have you **ever** used any other illegal drugs, opiates, pills, etc.? Yes No If yes, give details (dates and circumstances)?

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13. Have you ever been reported as a missing person or as a runaway? Yes No If yes, give complete details, including jurisdiction, dates and outcome.

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**14. References:** Please supply the names of three persons not related to you, and not former employers, who have known you on a personal level for at least three (3) years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

|                                    |             |                                |                                |
|------------------------------------|-------------|--------------------------------|--------------------------------|
| Full Name                          | Address     |                                | City/State/Zip Code            |
| Business, Occupation or Profession | Years Known | Home Phone (include area code) | Work Phone (include area code) |
| Full Name                          | Address     |                                | City/State/Zip Code            |
| Business, Occupation or Profession | Years Known | Home Phone (include area code) | Work Phone (include area code) |
| Full Name                          | Address     |                                | City/State/Zip Code            |
| Business, Occupation or Profession | Years Known | Home Phone (include area code) | Work Phone (include area code) |

**15. Education:** Indicate below the schools you have attended and courses completed. Include high school, college or university, extension, graduate and correspondence courses.

| Name & Address<br>(Include City & State) | Semester Hours Completed | Dates Attended | Month & Year Graduated |
|--|--------------------------|----------------|------------------------|
|  |                          |                |                        |
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|  |                          |                |                        |
|  |                          |                |                        |
|  |                          |                |                        |
|  |                          |                |                        |

**16. Employment:** List all jobs you have held in the last five years. Put your present or most recent job first. Include military service in proper time sequence and temporary part time jobs.

|                                      |                                       |                         |
|--------------------------------------|---------------------------------------|-------------------------|
| From: Month/Year                     | To: Month/Year                        | Exact Title of Position |
| Employer's Name                      | Address (Include City/State/Zip Code) |                         |
| Employee's Phone (include area code) | Salary per Month                      | Number Supervised       |
| Name & Title of Your Supervisor      |                                       |                         |
| Reason for Leaving                   |                                       | Your Duties             |
| From: Month/Year                     | To: Month/Year                        | Exact Title of Position |
| Employer's Name                      | Address (Include City/State/Zip Code) |                         |
| Employee's Phone (include area code) | Salary per Month                      | Number Supervised       |
| Name & Title of Your Supervisor      |                                       |                         |
| Reason for Leaving                   |                                       | Your Duties             |
| From: Month/Year                     | To: Month/Year                        | Exact Title of Position |

|                                      |                                       |                         |
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| Name & Title of Your Supervisor      |                                       |                         |
| Reason for Leaving                   |                                       | Your Duties             |
| From: Month/Year                     | To: Month/Year                        | Exact Title of Position |
| Employer's Name                      | Address (Include City/State/Zip Code) |                         |
| Employee's Phone (include area code) | Salary per Month                      | Number Supervised       |
| Name & Title of Your Supervisor      |                                       |                         |
| Reason for Leaving                   |                                       | Your Duties             |

17. Why are you interested in completing an internship with Westminster Police Department?

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18. What are your career goals? Are there any specific areas of interest that you have?

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19. What qualifications or accomplishments do you have that would make you a good Intern candidate?

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20. Please list any volunteer experience you may have (include dates):

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I hereby certify that all statements made in this questionnaire are true and complete, and understand that any misstatements of material facts will subject me to disqualification or dismissal.

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Signature

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Date Completed