



Criminal Justice Coordinating Council Application for Internship

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

Race: _____ Sex: _____

Driver's License Number: _____ State of Issue: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other Education: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Internship Information

College Currently Attending: _____ Address: _____

Date Enrolled: _____ Did you graduate? ^{YES} ^{NO} Anticipated Graduation Date: _____

Degree Type: _____ Major: _____

Name of College/University Internship Coordinator: _____

College/University Internship Coordinator Work Number: _____

How did you learn of the CJCC Internship Program?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I certify that all information and any attached documents are true and complete to the best of my knowledge.

I authorize the CRIMINAL JUSTICE COORDINATING COUNCIL (CJCC) to conduct an investigation of me to determine my suitability for participation in the internship program.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____