

Peoria Police Department

Application for the College Internship Program



PEORIA POLICE DEPARTMENT

600 S W ADAMS

PEORIA, ILLINOIS 61602-1524

www.peoriapd.com

Application Instructions

Students MUST provide proof of enrollment in an accredited internship program through their college with this application to participate. Students should contact their Counselor or Career Center to obtain their official information that MUST be submitted with this application.

Interested individuals must submit their application at least 30 days prior to the beginning of the semester they wish to attend. Please answer all questions by printed ink, typewriter, or computer. Students should submit their completed applications (signed and dated) to the attention of the Internship Program Coordinator, Peoria Police Department, 600 S. W. Adams Street, Peoria, Illinois, 61602-1524. Internships with this department are limited. For additional information, contact the Community Service Unit at (309) 494-8250.

PEORIA POLICE DEPARTMENT APPLICATION FOR COLLEGE STUDENT INTERNSHIP

I GENERAL		
Last Name _____	First Name _____	Middle Initial _____
School or Present Address _____		
City, State, Zip Code _____		
Phone _____	Email Address _____	
Permanent Address _____		
City, State, Zip Code _____		
Phone _____		
Social Security # _____		
Date of Birth _____		

II EDUCATIONAL RECORD						
College Record						
College	Dates Attended		Hours Completed	G.P.A.	Major / Minor	Degree Earned
	From _____	To _____				
	From _____	To _____				
	From _____	To _____				
List college activities, academic awards, etc. _____						
High School Record						
High School	Dates Attended		Highest Grade Completed	Diploma Earned		
	From _____	To _____	9-10-11-12	Yes _____	No _____	
	From _____	To _____	9-10-11-12	Yes _____	No _____	
List high school activities, academic awards, etc. _____						

III EMPLOYMENT HISTORY

To complete this section, begin with your present or most recent employer first, and continue in reverse chronological order. List all employers - include additional pages if needed.

Employer _____
Employer City/State _____
Supervisor _____ Phone _____
Start Date _____ Ending Date _____
Position _____
Duties _____

Reason for leaving _____

Employer _____
Employer City/State _____
Supervisor _____ Phone _____
Start Date _____ Ending Date _____
Position _____
Duties _____

Reason for leaving _____

Employer _____
Employer City/State _____
Supervisor _____ Phone _____
Start Date _____ Ending Date _____
Position _____
Duties _____

Reason for leaving _____

Employer _____
Employer City/State _____
Supervisor _____ Phone _____
Start Date _____ Ending Date _____
Position _____
Duties _____

Reason for leaving _____

IV MILITARY EXPERIENCE

Branch of Service	_____		
Start Date	_____	End Date	_____
Highest Rank Attained	_____	Specialization	_____
Duties	_____		
Branch of Service	_____		
Start Date	_____	End Date	_____
Highest Rank Attained	_____	Specialization	_____
Duties	_____		

V DRIVING RECORD INFORMATION

Driver's License Number	_____	State Issued	_____
Date Issued	_____	Class	_____
		Expiration Date	_____
Traffic Convictions (previous 5 years)			
Date	Charge	Penalty	City and State
Accident Record (previous 5 years)			
Date	Nature of Accident	Number of Injuries/Fatalities	

VI PROFESSIONAL SKILLS

Whenever possible, Peoria Police Department attempts to fully utilize the skills of our interns. Please indicate your level of expertise in each of the skill areas listed below. Space is provided for additional skills not listed.

Subject	N/A	Low	Medium	High
Accounting/Bookkeeping				
Statistics				
Word				
Excel				
Power Point				
Access				
Video Camera Operation/Editing				
Research				
Foreign Language				
Other				
Other				
Other				

VII OTHER

Is there any additional information relative to a change of name or use of another name necessary for us to check your work record/background? If yes, explain _____

Have you ever been convicted of a felony or military court martial? yes _____ no _____
 If yes, give dates and circumstances. _____

Have you ever been discharged from employment for disciplinary reasons? yes _____ no _____
 If yes, give dates and circumstances. _____

Are you willing to work all shifts including weekends and holidays? yes _____ no _____
 1st Shift 7 am - 3 pm 2nd Shift 3 pm - 11 pm 3rd Shift 11 pm - 7 am 4th Shift 6 pm - 2 am
 If No Explain _____

What semester are you applying for? Fall _____ Spring _____ Summer _____
 Number of Contract or Clock hours required _____
 Number of Weeks allowed to acquire needed hours _____ Start date _____ End date _____
 School Intern Advisor's Name _____ Phone _____

VIII EMERGENCY CONTACT INFORMATION

In case of Emergency, Please Notify:

Name _____
Complete Address _____
Phone _____ Alternate Phone _____

IX REFERENCES

List three persons who we may contact who are not related to you and who have definite knowledge of your qualifications and fitness for an intern position.

Name _____ Phone _____
Complete Address _____
In what capacity does this person know you? _____

Name _____ Phone _____
Complete Address _____
In what capacity does this person know you? _____

Name _____ Phone _____
Complete Address _____
In what capacity does this person know you? _____

X WAIVER AND RELEASE

ATTENTION: Read the following statement carefully before signing.

I acknowledge that the internship program with the Peoria Police Department typically involves riding in agency vehicles and participating in policing activities. I realize that such activity involves risk of personal injury or property damage, and I hereby assume such risk and release and agree to hold harmless the City of Peoria, the Peoria Police Department, their officers, agents, and employees from any liability for civil damages arising out of their actions or the actions of others in connection with this activity. I further covenant and agree, as a condition of the granting of my internship request, to indemnify and hold harmless the City of Peoria, the Peoria Police Department, their officers, agents, and employees from any liability which may be incurred by them or either of them proximately resulting from any acts or omissions by me during this activity. I further represent that I am above the age of 18 years, with full understanding of all risks involved and agree that this release and its indemnity agreement shall be binding upon my heirs, executors, administrators, and assigns.

Signature _____ Date _____

