

Education

High School: _____ Address: _____

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

College: _____ Address: _____

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

Other: _____ Address: _____

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

Skills and Interests

Please tell us what you wish to accomplish with an internship at SPD:

Please tell us what you can contribute to SPD if selected as an intern:

Office Skills: _____

Other Skills/Certifications/Training: _____

Choose all interests that apply:

<input type="checkbox"/> Station Operations	<input type="checkbox"/> Victim Assistance	<input type="checkbox"/> Criminal Intelligence Unit
<input type="checkbox"/> Records Management	<input type="checkbox"/> Training	<input type="checkbox"/> Community Policing/Patrol
<input type="checkbox"/> Media/Public Relations	<input type="checkbox"/> Technology Support	<input type="checkbox"/> Other

Availability and Schedule

Date available to start : _____

Number of hours you will contribute: _____ over _____ (period of time). NOTE: minimum of 300 hours is required.

Dates and times you are available to intern:

- Monday: ____AM to ____PM
 Tuesday ____AM to ____PM
 Wednesday ____AM to ____PM
 Thursday ____AM to ____PM
 Friday ____AM to ____PM

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Comments

Use this space for necessary explanations (indicate question). List any other directly related experience. If more space is needed, please attach sheet.

Disclaimer and Signature

NOTE: Successful completion of a Personal History Packet, Polygraph, Background Check, and Internship Agreement are required prior to the start of an internship assignment at Spokane Police Department. Please note that internship duties may include repetitive clerical tasks.

I certify that my answers are true and complete to the best of my knowledge. I understand that all statements made in this application are subject to investigation and verification. I understand that any false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Would you like to be notified of an upcoming Citizen Academy? YES NO