



PLANO 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 Number**

Present Address

City **State** **Zip Code**

Present Phone Number **Email Address**

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)

1st Choice

2nd Choice

3rd Choice

EDUCATION

University Attending/Attended

Major(s)

Minor(s)



Are you fluent in a language(s) other than English? If so, please list.

Please identify your proficiency with computers, specifically word processing and spreadsheet programs.

Honors/Awards

Extracurricular activities, hobbies, volunteer work and/or organizations

Internship Related Course Work: List all criminal justice and related classes you have completed. Include courses you are currently enrolled in (identified by *) and any special workshops, training session, or other criminal justice experience that relates to your internship request. *List your classes by name not number.*

Is there anything in your background that would preclude you from being acceptable to any of the agencies you are applying for?

Yes

No

If yes, please explain.

SUPPORTING DOCUMENTS

The following documents must be submitted for review 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 cityofplanoil.com/150/Police-Department)



EMPLOYMENT HISTORY

List employment history beginning with current employer.

Employer's Name			Phone	
Employer's Address				
City	State	Zip		
Position(s)			From	To
Employer's Name			Phone	
Employer's Address				
City	State	Zip		
Position(s)			From	To
Employer's Name			Phone	
Employer's Address				
City	State	Zip		
Position(s)			From	To

REFERENCES

List three references other than family or employers.

Reference #1

Name			Relationship	
Address				
City	State	Zip	Phone Number	



Reference #2

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

Please save and submit this application with *all* required supporting documentation to the Professional Development & Training Unit training officers at rhernandez@planopoliceil.org and nallison@planopoliceil.org.

