



Addison Police

Application for Internship



3Friendship Plaza, Addison, IL 60101 · Phone: (630) 543-3080 Fax: (630) 543-1069

DIRECTIONS: We welcome you as an applicant to our Internship Program. Your application will be considered with others in competition for the position in which you are applying. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible internship with the Addison Police Department. Please furnish us with complete information as outlined in this application. Please type or handprint an answer to every question in ink. If a question does not apply to you, state with "N/A." You are encouraged to attach any additional information that you believe qualifies you for the internship. If the space available is insufficient, attach a separate sheet of paper and precede each answer with the number of the referenced question.

Date of application _____ Dates of desired internship (from-to) _____

School currently enrolled in _____ Major _____ Minor _____
Instructor/professor supervising internship program _____

Instructor/professor phone number and e-mail _____

PERSONAL INFORMATION

Name _____ Social security number _____
Last First Middle

Date of birth _____
Month Day Year

Present address (if living on campus) _____
Number Street City & State & Zip

Permanent address (your address off campus) _____
Number Street City & State & Zip

Home telephone _____ Cell phone _____

E-mail address _____

Drivers license number _____ State _____ Class _____

Are you a citizen of the U.S.? Yes No

Have you ever been convicted of any crimes, other than minor traffic violations? Yes No
If yes, state nature of the crime, when and where convicted and disposition of case.

Please be advised that you **do not** have to disclose any sealed or expunged records of conviction or arrests.

I UNDERSTAND AND AGREE THAT:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for a possible internship and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed my application. I understand that any omission or misstatement of material fact on this application or on any document used to secure internship shall be grounds for rejection of my application and shall constitute cause for dismissal.

I hereby authorize the Village of Addison to thoroughly investigate my education, criminal, fingerprint, and driving records, and other matters related by my suitability for internship and further authorize all organizations in possession of pertinent information to disclose to the Village any and all letters, reports and other information related to my education, work, criminal, fingerprint, medical, and driving records, without giving me prior notice of such disclosure. In addition, I hereby release the Village, corporations, partnerships, associations, and any other persons from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

I understand that nothing communicated during the selection process, contained in the application or conveyed during any interview which may be granted is intended to create an employment relationship between me and the Village.

I further understand that in the event my application is disapproved, the sources of confidential information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

I also understand that the following criteria may eliminate me from the selection process:

- **not currently enrolled in a two- or four-year college or university with Criminal Justice or similar as my major**
- **not submitting a copy of medical insurance when requested during selection process**
- **not signing the "Release and Waiver of Liability" form when requested during the selection process**
- **not cooperating fully with the completion of my background investigation**
- **level of maturity not suitable for observing law enforcement activities**

My signature below confirms that I have read and understand the above statements.

Date _____ Applicant's signature _____

Please return completed and signed to:

Sergeant Doug Olson
Addison Police Department
3 Friendship Plaza
Addison, IL 60101