#### NOBLESVILLE POLICE DEPARTMENT

# Application for Student Internship Program



### NOBLESVILLE POLICE DEPARTMENT 135 SOUTH 9<sup>TH</sup> STREET NOBLESVILLE, INDIANA 46060 (317) 776-6340

www.cityofnoblesville.org

#### **Application Instructions**

Students <u>MUST</u> provide proof of enrollment in an accredited internship program through their college/university with this application to participate. Students should contact their Counselor or Career Center to obtain their official information that <u>MUST</u> 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. Students should submit their completed applications (signed and dated) to the attention of the Student Internship Program Coordinator, Noblesville Police Department, 135 South 9<sup>th</sup> Street, Noblesville, Indiana 46060. Internships with this department are limited.



## NOBLESVILLE POLICE DEPARTMENT STUDENT INTERNSHIP PROGRAM APPLICATION



Please complete this form in its entirety. Failure to complete all the information or providing false, inaccurate or untruthful information may be grounds for immediate disqualification from this program. If additional space is needed, please feel free to attach additional pages as needed. If you have any questions, contact the Student Internship Program Coordinator at the Noblesville Police Department.

I CENERAL

School Name:  Professor's/Advisor's Name & Phone Number:  School Address:  City, State, & Zip Code:  School Phone Number:  School Phone Number:  City, State, & Zip Code:  Permanent (Home) Address:  City, State, & Zip Code:  Permanent (Home) Phone Number:  Date of Birth:  Social Security Number:  II. EDUCATIONAL RECORD  Completed  G.P.A. Major/ Major/ Degree Completed  From: To: From: To: From: To: School Email Address:  Home Email Address:  List college activities, academic awards, etc.:  High School Graduated From and Address:								
School Address:  City, State, & Zip Code:  School Phone Number:  Permanent (Home) Address:  City, State, & Zip Code:  Permanent (Home) Phone Number:  Date of Birth:  Social Security Number:  II. EDUCATIONAL RECORD  College  Dates Attended  Hours Completed From: To: From: To: From: To: From: To: List college activities, academic awards, etc.:								
City, State, & Zip Code:  School Phone Number:  Permanent (Home) Address:  City, State, & Zip Code:  Permanent (Home) Phone Number:  Cell Phone Number:  Home Email Address:  Date of Birth:  Social Security Number:  II. EDUCATIONAL RECORD  College  Dates Attended Completed G.P.A. Major/ Minor Degree Earned From: To: From: To: From: To: From: To: To: List college activities, academic awards, etc.:								
School Phone Number:  Permanent (Home) Address:  City, State, & Zip Code:  Permanent (Home) Phone Number:  Date of Birth:  Cell Phone Number:  Home Email Address:  Date of Birth:  Social Security Number:  Completed  G.P.A. Major/ Degree Minor Earned  From: To:  From: To:  From: To:  List college activities, academic awards, etc.:								
Permanent (Home) Address:  City, State, & Zip Code:  Permanent (Home) Phone Number:  Date of Birth:  Social Security Number:  II. EDUCATIONAL RECORD  College  Dates Attended Hours Completed From: To: From: To: From: To: To: City, State, & Zip Code:  Home Email Address:  Home Email Address:  Begin and Email Address:  Completed G.P.A. Major/ Minor Earned  From: To: From: To: From: To: From: To: Completed								
City, State, & Zip Code:  Permanent (Home) Phone Number:  Date of Birth:  Social Security Number:  Home Email Address:  Social Security Number:  II. EDUCATIONAL RECORD  College  Dates Attended  From: To:  From: To:  From: To:  From: To:  From: To:  From: To:  Social Security Number:  List college activities, academic awards, etc.:								
Permanent (Home) Phone Number:  Date of Birth:  Social Security Number:  II. EDUCATIONAL RECORD  College  Dates Attended  From: To: From								
Date of Birth:    Social Security Number:								
TIL EDUCATIONAL RECORD  College Dates Attended Hours Completed G.P.A. Major/ Degree Earned  From: To: From: To: From: To: To: List college activities, academic awards, etc.:								
College Dates Attended Hours Completed G.P.A. Major/ Degree Earned  From: To: From: To: From: To: From: To:  Itist college activities, academic awards, etc.:								
College Dates Attended Hours Completed G.P.A. Major/ Degree Earned  From: To: From: To: From: To: From: To:  Itist college activities, academic awards, etc.:								
Completed Completed G.P.A. Minor Earned  From: To:  From: To:  From: To:  From: To:  Completed G.P.A. Minor Earned  List college activities, academic awards, etc.:								
From: To: From: To:  List college activities, academic awards, etc.:								
From: To:  List college activities, academic awards, etc.:								
List college activities, academic awards, etc.:								
High School Graduated From and Address:	List college activities, academic awards, etc.:							
	High School Graduated From and Address:							
III. EMPLOYMENT HISTORY								
To complete this section, begin with your most recent employer first. List all employers, include additional pages if needed.								
Employer:								
Employer Address:								
Supervisor Name: Supervisor Phone:	Supervisor Phone:							
Start Date: End Date: Reason for leaving:								
Position held:  May we contact this employer?								
Duties:								

III. EMPLOYMENT HISTORY (continued)							
To complete this section, begin with your most recent employer first. List all employers, include additional pages if needed.							
Employer:							
Employer Address:							
Supervisor Name:		Supervisor Phone:					
Start Date:	End Date:		Reason	for leaving:			
Position held:		May we contact this employer?					
Duties:							
Employer:							
Employer Address:							
Supervisor Name:		Supervisor Phone:					
Start Date:	End Date:			Reason for leaving:			
Position Held:	osition Held:		May we contact this employer?				
Duties:							
Employer:							
Employer Address:							
Supervisor Name:		Supervisor Phone:					
Start Date:	End Date:			Reason for leaving:			
Position Held:		May we contact this employer?					
Duties:							
Employer Name:							
Employer Address:							
Supervisor Name:		Supervisor Phone:					
Start Date:	End Date:			Reason for leaving:			
Position Held:		May we contact this employer?					
Duties:							
IV. MILITARY EXPERIENCE							
Branch of Service:		Start Date:		End Date:			
Type of Discharge:	Highest Rank Obtaine	Highest Rank Obtained:		Specialization:			
Duties:							

V. PROFESSIONAL SKILLS							
Whenever possible, the Noblesville 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	m High				
Accounting/Bookkeeping							
Statistics							
Word							
Excel							
PowerPoint							
Access							
Research							
Foreign Language							
Video Camera Operation/Editing							
Other:							
Other:							
Other:							
Other:							
	VI. OTHER						
Is there any additional information relative to a change of name or use of another name necessary for our department to check your work record/background? If yes, explain:							
Have you ever been convicted of a felony or military c	ourt martial? Yes		No				
If yes, give dates and circumstances:							
Have you ever been discharged from employment for o	disciplinary reasons? Yes	3	No				
If yes, give dates and circumstances:							
Are you willing to work all shifts including weekends and holidays?  Yes  No							
If no, explain:							
Available Shifts: Patrol (Day Shift) 500 a.m. – 500 p.m. Patrol (Night Shift) 500 p.m. – 500 a.m.							
Administration 800 a.	1	Criminal Investigations	-				
What semester are you applying for?	Fall	Spring	Summer				
Number of clock hours required by your college/university?							
Number of weeks allowed to acquire needed hours?							
VII. REFERENCES							
	VII. REFERENCES						
List two (2) persons who we may contact who are not related	to you and who have definite know	ledge of your qualifications and fi	tness for an intern position.				
Name:		Phone:					
Complete Address:							
In what capacity do you know this person?							
Name:		Phone:					
Complete Address:		1	_				
In what capacity do you know this person?							

VIII. EMERGENCY CONTACT INFORMATION							
In case of an emergency, please notify:							
Name:		Relationship:	Relationship:				
Complete Address:							
Place of Employment:							
Home Phone:	Work Phone:		Cellular Phone:				
Tronic I none.	Work I none.		Continua i none.				
IV. WRITING SAMPLE							
In 200-400 words, please describe why you want to enter the field of law enforcement and what you look to gain by participating in the Noblesville Police Department's Student Internship Program.							
I hereby certify that the foregoing statements and any appended materials are true and correct to the best of my knowledge and belief. I understand that if any of the statements made are false or fraudulent, this application may be rejected and may cause any appointment to a position to be rescinded. By signing this appellation, I authorize the Noblesville Police Department to investigate and verify any statements made or information given in this application.							
Student Signature:		Date:					
FOR OFFICIAL USE ONLY							
Submitted Date:	APPROVED Date:		<b>DENIED</b> Date:				
Program Coordinator Signature:	Program Coordinator Name Printed: Lt. Bruce A. Barnes		Date:				
Chief of Police Signature:	Chief of Police Name		Date:				