|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Instructions: To be considered for the Department of Criminal Justice Training Internship Program, submit this document along with other required documents to:  **Internship Program Coordinator –** Ashley Wiles (Ashley.Wiles@ky.gov)  **Department of Criminal Justice Training**  **4449 Kit Carson Drive, Funderburk Bldg.**  **Richmond, KY 40475**  Check each box to confirm that you have included all appropriate documentation with this application:  Completed Application  Resume  Copy of State Issued Driver’s License/ Photo ID  ☐ Copy of unofficial college transcript to verify 2.5 GPA or higher | | | | | | | | |
| **SECTION 1: APPLICANT INFORMATION** | | | | | | | | |
| **Last Name**  Click here to enter text. | | **First Name**  Click here to enter text. | | | | | | |
| **Mailing Address** *(Street)*  Click here to enter text. | **City**  Click here to enter text. | | | | **State**  Click here to enter text. | | **Zip Code**  Click here to enter text. | |
| **Email Address** Click here to enter text. | | | | | **Phone Number** Click here to enter text. | | | |
| **Social Security Number** Click here to enter text. | | | | | **Date of Birth** Click here to enter text. | | | |
| **SECTION 2: COLLEGE INFORMATION** *(LIST ALL COLLEGES CURRENTLY ATTENDING)* | | | | | | | | |
| **College Name** | **Program** | | **Major** | | | **Current Academic Year** | | **Cumulative GPA** |
| Click here to enter text. | **Undergraduate**  **Graduate** | | Click here to enter text. | | | **Junior ☐ Senior ☐ Graduate Year:** | | Click here to enter text. |
| **Awards/Honors Received:** Click here to enter text. | | | | | | | | |
| **Please indicate the semester or term you are requesting to complete an internship in:**  Fall  Spring  Summer | | | | | | | | |
| **Please indicate requested start date for internship** *(can be tentative)***:** | | | | | | | | |
| **SECTION 3: COLLEGE ACKNOWLEDGEMENT** | | | | | | | | |
| **College Advisor or Co-op Professor:** Click here to enter text. | | | | **Phone Number:** Click here to enter text. | | | | |
| **Department Chair or Advisor:** Click here to enter text. | | | | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **SECTION 4: APPLICANT AGREEMENT** | | | | | | | | |
| I certify that the information given in this application is accurate and complete. I further understand that the agency will conduct an internal background check before internship approval is granted.  **SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| *Pursuant to policy 1997-012, the Department of Criminal Justice Training does not tolerate discrimination or harassment of any kind against any protected class. Furthermore, reasonable accommodations will be made in compliance of ADA regulations.* | | | | | | | | |