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| 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.* |