



Park Ridge Police Department

Application for Internship Program



200 South Vine Avenue, Park Ridge, Illinois 60068· Phone: (847) 318-5252

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 Park Ridge 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, write “N/A” in response to the question. 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: _____ Internship Desired: Fall Spring Summer

College or University: _____

Major: _____ Minor: _____

Instructor/Professor supervising Internship Program: _____

Instructor/Professor Phone Number: _____ Email: _____

Credit Hours Required to Complete Internship: _____

Personal Information

Name: _____ Date of Birth: _____
Last First MI Month Day Year

Social Security Number: _____ Sex: Male Female

Present Address (if living on campus): _____
Number Street City & State & Zip Code

Permanent Address: _____
Number Street City & State & Zip Code

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Drivers License Number: _____ State: _____

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 the nature of the crime, when and where convicted and disposition of the case. * Please be advised that you **do not** have to disclose any sealed or expunged records of convictions or arrests.

Employment

Current Employer: _____

Employer Address: _____

Supervisor Name: _____ Phone Number: _____

Position: _____ Duties: _____

Length of Employment: _____

Reference

Name: _____ Phone Number: _____

Complete Address: _____

In what capacity does this person know you? _____

Emergency Contact Information

In case of Emergency, Please Notify:

Name: _____

Complete Address: _____

Phone Number: _____ Cell Phone: _____