

# Peoria Police Department

## Application for the College Internship Program



### PEORIA POLICE DEPARTMENT

600 S W ADAMS

PEORIA, ILLINOIS 61602-1524

[www.peoriapd.com](http://www.peoriapd.com)

#### Application Instructions

***Students MUST provide proof of enrollment in an accredited internship program through their college with this application to participate. Students should contact their Counselor or Career Center to obtain their official information that MUST 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 by printed ink, typewriter, or computer. Students should submit their completed applications (signed and dated) to the attention of the Internship Program Coordinator, Peoria Police Department, 600 S. W. Adams Street, Peoria, Illinois, 61602-1524. Internships with this department are limited. For additional information, contact the Community Service Unit at (309) 494-8246.

# PEORIA POLICE DEPARTMENT

## APPLICATION FOR COLLEGE STUDENT INTERNSHIP

<b>I GENERAL</b>	
Last Name _____	First Name _____ Middle Initial _____
School or Present Address _____	
City, State, Zip Code _____	
Phone _____	Email Address _____
Permanent Address _____	
City, State, Zip Code _____	
Phone _____	
Social Security # _____ Date of Birth _____	

<b>II EDUCATIONAL RECORD</b>					
<b>College Record</b>					
College	Dates Attended	Hours Completed	G.P.A.	Major / Minor	Degree Earned
	From _____ To _____				
	From _____ To _____				
	From _____ To _____				
List college activities, academic awards, etc. _____					
<b>High School Record</b>					
High School	Dates Attended	Highest Grade Completed	Diploma Earned		
	From _____ To _____	9-10-11-12	Yes _____ No _____		
	From _____ To _____	9-10-11-12	Yes _____ No _____		
List high school activities, academic awards, etc. _____					

### III EMPLOYMENT HISTORY

To complete this section, begin with your present or most recent employer first, and continue in reverse chronological order. List all employers - include additional pages if needed.

Employer \_\_\_\_\_  
Employer City/State \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Position \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Employer City/State \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Position \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Employer City/State \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Position \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_  
Employer City/State \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Position \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

<b>IV MILITARY EXPERIENCE</b>	
Branch of Service	_____
Start Date	_____ End Date _____
Highest Rank Attained	_____ Specialization _____
Duties	_____
Branch of Service	_____
Start Date	_____ End Date _____
Highest Rank Attained	_____ Specialization _____
Duties	_____

<b>V DRIVING RECORD INFORMATION</b>			
Driver's License Number		State Issued	
Date Issued		Class	Expiration Date
Traffic Convictions (previous 5 years)			
Date	Charge	Penalty	City and State
Accident Record (previous 5 years)			
Date	Nature of Accident	Number of Injuries/Fatalities	

## VI PROFESSIONAL SKILLS

Whenever possible, Peoria 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	High
Accounting/Bookkeeping				
Statistics				
Word				
Excel				
Power Point				
Access				
Video Camera Operation/Editing				
Research				
Foreign Language				
Other				
Other				
Other				

## VII OTHER

Is there any additional information relative to a change of name or use of another name necessary for us to check your work record/background? If yes, explain \_\_\_\_\_

Have you ever been convicted of a felony or military court martial?                      yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, give dates and circumstances. \_\_\_\_\_

Have you ever been discharged from employment for disciplinary reasons?    yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, give dates and circumstances. \_\_\_\_\_

Are you willing to work all shifts including weekends and holidays?                      yes \_\_\_\_\_ no \_\_\_\_\_

1st Shift 7 am - 3 pm              2nd Shift 3 pm - 11 pm              3rd Shift 11 pm - 7 am              4th Shift 6 pm - 2 am

If No Explain \_\_\_\_\_

What semester are you applying for?                      Fall \_\_\_\_\_              Spring \_\_\_\_\_              Summer \_\_\_\_\_

Number of Contract or Clock hours required \_\_\_\_\_

Number of Weeks allowed to acquire needed hours \_\_\_\_\_              Start date \_\_\_\_\_              End date \_\_\_\_\_

School Intern Advisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

### **VIII EMERGENCY CONTACT INFORMATION**

In case of Emergency, Please Notify:

Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

### **IX REFERENCES**

List three persons who we may contact who are not related to you and who have definite knowledge of your qualifications and fitness for an intern position.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

In what capacity does this person know you? \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

In what capacity does this person know you? \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

In what capacity does this person know you? \_\_\_\_\_

### **X WAIVER AND RELEASE**

ATTENTION: Read the following statement carefully before signing.

I acknowledge that the internship program with the Peoria Police Department typically involves riding in agency vehicles and participating in policing activities. I realize that such activity involves risk of personal injury or property damage, and I hereby assume such risk and release and agree to hold harmless the City of Peoria, the Peoria Police Department, their officers, agents, and employees from any liability for civil damages arising out of their actions or the actions of others in connection with this activity. I further covenant and agree, as a condition of the granting of my internship request, to indemnify and hold harmless the City of Peoria, the Peoria Police Department, their officers, agents, and employees from any liability which may be incurred by them or either of them proximately resulting from any acts or omissions by me during this activity. I further represent that I am above the age of 18 years, with full understanding of all risks involved and agree that this release and its indemnity agreement shall be binding upon my heirs, executors, administrators, and assigns.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## XI. WRITING SAMPLE

In 150-300 words, describe why you want to enter the field of law enforcement?

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 Peoria Police Department to investigate and verify any statements made or information given in the application process.

Signature \_\_\_\_\_ Date \_\_\_\_\_