

NAPERVILLE POLICE DEPARTMENT
APPLICATION FOR SOCIAL SERVICES INTERNSHIP

Date: _____
Month/Day/Year

Full Name: _____
(Last) (First) (Middle) (Maiden)

Permanent or Home Address: _____ Length of Residence: _____

(City) (State) (Zip) Home Phone: _____
(Area Code + Phone Number)

Present Address (if different): _____ Present Phone: _____

(City) (State) (Zip) (E-Mail Address)

(Date of Birth) (Place of Birth) (Driver's License Number and State Issued)

(Gender) (Race)

(Military Classification, Experience and/or Status) (Are you a U.S. Citizen?) Yes or No

University Attending/Attended: _____

List your Major, including specializations: _____

Preference for Internship Start and End Dates: _____
(Follow University Scheduling, Semesters)

Amount of Hours Needed: _____

Are you fluent in a language(s) other than English? If so, please list: _____

Employment History (*List employment history beginning with current employer*):

Employer's Name: _____ Phone: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position(s): _____ From: _____ To: _____

Employer's Name: _____ Phone: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position(s): _____ From: _____ To: _____

Employer's Name: _____ Phone: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position(s): _____ From: _____ To: _____

Honors Awards: _____

Extracurricular activities, hobbies, and/or organizations:

Internship Related Course Work: List all social services related classes you have completed. Include courses you are currently enrolled in that relates to your internship request (Identified by *) and any special workshops, training session, or other experience. *List your classes by name not number.*

Is there anything in your background that would preclude you from being acceptable to any of the agencies you are applying for? _____ If yes, please explain.

(Yes/No)

References (List three references other than family):

1. Name: _____ Phone: _____
(Last) (First) (Area Code + Phone Number)

Complete Address: _____
(City) (State) (Zip) (Relationship)

2. Name: _____ Phone: _____
(Last) (First) (Area Code + Phone Number)

Complete Address: _____
(City) (State) (Zip) (Relationship)

3. Name: _____ Phone: _____
(Last) (First) (Area Code + Phone Number)

Complete Address: _____
(City) (State) (Zip) (Relationship)

I acknowledge the information provided in this is true and correct and *I understand that all information provide is subject to verification.*

Signature Date