

NOBLESVILLE POLICE DEPARTMENT

Application for Student Internship Program



**NOBLESVILLE POLICE DEPARTMENT
135 SOUTH 9TH STREET
NOBLESVILLE, INDIANA 46060
(317) 776-6340**

www.cityofnoblesville.org

Application Instructions

Students ***MUST*** provide proof of enrollment in an accredited internship program through their college/university 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. Students should submit their completed applications (signed and dated) to the attention of the Student Internship Program Coordinator, Noblesville Police Department, 135 South 9th Street, Noblesville, Indiana 46060. Internships with this department are limited.



NOBLESVILLE POLICE DEPARTMENT

STUDENT INTERNSHIP PROGRAM APPLICATION



Please complete this form in its entirety. Failure to complete all the information or providing false, inaccurate or untruthful information may be grounds for immediate disqualification from this program. If additional space is needed, please feel free to attach additional pages as needed. If you have any questions, contact the Student Internship Program Coordinator at the Noblesville Police Department.

I. GENERAL		
Last Name:	First Name:	Middle Initial:
School Name:		
Professor's/Advisor's Name & Phone Number:		
School Address:		
City, State, & Zip Code:		
School Phone Number:	School Email Address:	
Permanent (Home) Address:		
City, State, & Zip Code:		
Permanent (Home) Phone Number:	Cell Phone Number:	Home Email Address:
Date of Birth:	Social Security Number:	

II. EDUCATIONAL RECORD					
College	Dates Attended	Hours Completed	G.P.A.	Major/Minor	Degree Earned
	From: To:				
	From: To:				
	From: To:				
List college activities, academic awards, etc.:					
High School Graduated From and Address:					

III. EMPLOYMENT HISTORY		
To complete this section, begin with your most recent employer first. List all employers, include additional pages if needed.		
Employer:		
Employer Address:		
Supervisor Name:	Supervisor Phone:	
Start Date:	End Date:	Reason for leaving:
Position held:	May we contact this employer?	
Duties:		

III. EMPLOYMENT HISTORY (continued)

To complete this section, begin with your most recent employer first. List all employers, include additional pages if needed.

Employer:		
Employer Address:		
Supervisor Name:		Supervisor Phone:
Start Date:	End Date:	Reason for leaving:
Position held:		May we contact this employer?
Duties:		

Employer:		
Employer Address:		
Supervisor Name:		Supervisor Phone:
Start Date:	End Date:	Reason for leaving:
Position Held:		May we contact this employer?
Duties:		

Employer:		
Employer Address:		
Supervisor Name:		Supervisor Phone:
Start Date:	End Date:	Reason for leaving:
Position Held:		May we contact this employer?
Duties:		

Employer Name:		
Employer Address:		
Supervisor Name:		Supervisor Phone:
Start Date:	End Date:	Reason for leaving:
Position Held:		May we contact this employer?
Duties:		

IV. MILITARY EXPERIENCE

Branch of Service:	Start Date:	End Date:
Type of Discharge:	Highest Rank Obtained:	Specialization:
Duties:		

V. PROFESSIONAL SKILLS

Whenever possible, the Noblesville 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				
PowerPoint				
Access				
Research				
Foreign Language				
Video Camera Operation/Editing				
Other:				

VI. OTHER

Is there any additional information relative to a change of name or use of another name necessary for our department 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 _____

If no, explain: _____

Available Shifts: Patrol (Day Shift) 500 a.m. – 500 p.m. Patrol (Night Shift) 500 p.m. – 500 a.m.
 Administration 800 a.m. – 400 p.m. Criminal Investigations 830 a.m. – 430 p.m.

What semester are you applying for? Fall Spring Summer

Number of clock hours required by your college/university?

Number of weeks allowed to acquire needed hours?

VII. REFERENCES

List two (2) 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 do you know this person?

Name: _____ Phone: _____

Complete Address: _____

In what capacity do you know this person?

