



GEORGETOWN POLICE DEPARTMENT INTERNSHIP PROGRAM APPLICATION

Last First Middle/Maiden Date of Birth
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____ Social Security #: _____

Place of Birth (City, State) Driver's License Number State Expiration Date
Are you a citizen of the U.S.? _____ If not, what country are you a citizen of? _____

Height Weight Eye Color Hair Color Gender Race Ethnicity

Have you ever been arrested? Yes No

Department	Charge	Month/year	Deposition

FAMILY INFORMATION (List your immediate family members)

1) Full Name (Last, First, MI): _____

Address: (Street, City, St, Zip) _____

Relationship: _____ Phone Number: _____ Email: _____

2) Full Name (Last, First, MI): _____

Address: (Street, City, St, Zip): _____

Relationship: _____ Phone Number: _____ Email: _____

3) Full Name (Last, First, MI): _____

Address: (Street, City, St, Zip): _____

Relationship: _____ Phone Number: _____ Email: _____

****Please ensure the packet is complete, any incomplete packets will not be processed. ****

APPLICATION

REFERENCES

1) Full Name (Last, First, MI): _____

Address: (Street, City, St, Zip) _____

Relationship: _____ Phone Number: _____ Email: _____

2) Full Name (Last, First, MI): _____

Address: (Street, City, St, Zip): _____

Relationship: _____ Phone Number: _____ Email: _____

3) Full Name (Last, First, MI): _____

Address: (Street, City, St, Zip) _____

Relationship: _____ Phone Number: _____ Email: _____

EDUCATIONAL INSTITUTION

Are you applying for an internship to earn college/university credit hours towards your degree? Yes No

Applied term of internship:

Fall Spring Summer Year: _____ GPA (4.0 scale): _____

What is your applied field of study? _____ Undergraduate Graduate

Title of Degree: _____ Graduation Date: _____

Name of Institution: _____

Name and job title of advisor/person whom information about your internship should be addressed to:

Email: _____ Phone Number: _____

How many internship hours are required to earn the above credit hours? _____

How many credit hours will you receive for a completed internship with our department? _____

SCHEDULE AVAILABILITY

If accepted, what date can you start your internship? _____ Ending Date: _____

Do you have reliable transportation to and from all training? Yes No If yes, who? _____

Are there any dates/times you will be unavailable due to prior arrangements? Yes No

If yes, please list.

APPLICATION

Intern hours are generally completed Monday through Friday between 8:00 a.m. and 5:00 p.m. However, there will be some shifts scheduled outside of these times when observing units that work non-traditional hours. Your hours of availability are very important to the scheduling process. You will be held accountable for arriving on time and attending the full scheduled assignment. Please indicate the days and hours you are available for the applied internship:

Monday	Between 8 am – 5 pm _____	After 5 pm _____
Tuesday	Between 8 am – 5 pm _____	After 5 pm _____
Wednesday	Between 8 am – 5 pm _____	After 5 pm _____
Thursday	Between 8 am – 5 pm _____	After 5 pm _____
Friday	Between 8 am – 5 pm _____	After 5 pm _____
Saturday	Between 8 am- 5 pm _____	After 5pm _____
Sunday	Between 8 am- 5 pm _____	After 5pm _____

Additional Comments

(specifically state any dates or times that you will be unavailable during this internship):

****Please ensure the packet is complete, any incomplete packets will not be processed.****

Email or deliver the completed application documents to:

Georgetown Police Department
Attention: [name of person]
3500 D B Wood Rd.
Georgetown, TX 78628
[email address of person receiving applications]

Print Name: _____ Date: _____

Signature: _____ Date: _____