**Eastern District of Wisconsin - INTERNSHIP APPLICATION**

**(email all required documents to** **jobs\_WIEP@wiep.uscourts.gov** **)**

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| **GENERAL INFORMATION** |
| Applicant Name | Applicant Address |
| Telephone Number Day:Evening: | Social Security Number |
| Date of Birth | Place of Birth |
| Driver License Number | Which state issued your driver’s license?Is your driver’s license valid? |
| List Other Names You Have Previously Used | Name and Address of College/University |
| Major | Expected Data of Graduation |
| Name of Advisor | Telephone Number of Advisor |

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| **EMERGENCY CONTACT** |
| Name | Address | Phone Number |

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| **AVAILABILITY FOR INTERNSHIP** |
| Spring | Summer | Fall | Winter |
| Is an Internship Required by Your School? | Number of Internship Hours Required by YourSchool |
| Days Available (check all that apply): Mon Tues Wed Thurs Fri |





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| **EMPLOYMENT (A resume may be substituted for this section)** |
| Name and Address of Employer: | Telephone Number: |
| Dates Employed | Job Title | Immediate Supervisor |
| Describe your specific duties, responsibilities, and accomplishments in this job: |
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| Name and Address of Employer: | Telephone Number: |
| Dates Employed | Job Title | Immediate Supervisor |
| Describe your specific duties, responsibilities, and accomplishments in this job: |

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| **EDUCATION** |
| **HIGH SCHOOL** (List the last high school you attended or where you obtained your high schoolequivalency - GED) |
| Name of School | Address of School | Entrance Date | Graduation Date |

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| **COLLEGE OR UNIVERSITY** (If you expect to graduate within one year, give the *month* and *year* in whichyou expect to receive your degree) |
| Name of School | Address of School | Entrance Date | Graduation Date | Degree |
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| **OTHER COURSES OR TRAINING** (Armed Forces, trade, vocational or business which related to theinternship you are applying for) |
| Name | Address | Dates Attended | Subject | Training Completed? |





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| **SPECIAL SKILLS** |
| **SPECIAL SKILLS, ACCOMPLISHMENTS AND AWARDS** (List the title and year of any honors, awards, or fellowships you have received. List your special qualifications, skills or accomplishments, especially with computers, machines, public speaking, and writing) |
| Do you speak or read a language other than English? If yes, please list the language. |

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| **REFERENCES** (List three people who are not related to you and know your qualifications for the internship) |
| **Name** | **Telephone Number** | **Relationship to You** |
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| **BACKGROUND INFORMATION** |
| **Yes** | **No** |  |
|  |  | Were you terminated from any job for any reason, did you quit after being told that you would be terminated, ordid you leave by mutual agreement because of specific problems? |
|  |  | Have you ever been cited, arrested, or convicted of any misdemeanor or felony crime? |
|  |  | Are you now under charges for any violation of law? |
| If you answered yes to any of the above questions, please explain below. |





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| **YOU MUST SIGN THIS APPLICATION** (Read the following carefully before you sign). |
| 1. A false statement on any part of your application may be grounds for dismissing you after you begin your internship.
2. I consent to the release of information about my ability and fitness for a Federal internship by employers, school, law enforcement agencies and other individuals and organizations, to personnel staffing specialists and other authorized employees of the Federal Government.
3. I acknowledge my services are voluntary in a cooperative educational internship program with the U.S. Probation Office, in the Eastern District of Wisconsin. I understand that the U.S. Probation Office is acting solely as a host in this arrangement by providing a work-related educational experience. I waive any claim or right to receive salary or other compensation, including fringe benefits, from the Federal Government, as a result of my work-training services to the U.S. Probation Office.
4. I waive all right to any personal copyright privileges in any work product prepared by me in the course of my service to the U.S. Probation Office. I recognize that information which I obtain or have access to in the course of this internship is of a confidential nature, and I agree to preserve the confidentiality of such information.
5. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.
6. I hereby authorize the United States Probation Office, District of Wisconsin, to conduct both a national and state criminal history check as part of the background investigation for prospective interns in a sensitive position. I understand that an internship with the United States Probation Office is contingent upon acceptable results from my criminal history check.
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| **Signature** | **Date** |

