



INTERNSHIP APPLICATION

GENERAL INFORMATION	
Applicant Name	Applicant Address
Cellular Telephone Number:	Social Security Number Leave Blank - Only Required if Contacted for Placement
Date of Birth	Place of Birth
Driver License Number Leave Blank -Only Required if Contacted for Placement	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

EMERGENCY CONTACT		
Name	Address	Phone Number

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

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:		
Name and Address of Employer:		Telephone Number:
Dates Employed	Job Title	Immediate Supervisor
Describe your specific duties, responsibilities, and accomplishments in this job:		

EDUCATION**HIGH SCHOOL** (List the last high school you attended or where you obtained your high school equivalency - GED)

Name of School	Address of School	Entrance Date	Graduation Date

COLLEGE OR UNIVERSITY (If you expect to graduate within one year, give the *month* and *year* in which you expect to receive your degree)

Name of School	Address of School	Entrance Date	Graduation Date	Degree
Name of School	Address of School	Entrance Date	Graduation Date	Degree

OTHER COURSES OR TRAINING (Armed Forces, trade, vocational or business which related to the internship you are applying for)

Name	Address	Dates Attended	Subject	Training Completed?

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.

REFERENCES (List three people who are not related to you and know your qualifications for the internship)

Name	Telephone Number	Relationship to You

BACKGROUND INFORMATION

Yes	No	
		Were you terminated from any job for any reason, did you quit after being told that you would be terminated, or did 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.		

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.

Signature

Date