



Do you have a valid driver's license? ( ) Yes ( ) No License # \_\_\_\_\_

Do you have access to a car on a regular basis? ( ) Yes ( ) No

**EDUCATIONAL BACKGROUND:**

(Please begin with high school)

School	Location	Dates Attended	Major Course of Study	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MILITARY SERVICE:**

Were you in the U.S. armed forces? ( ) Yes ( ) No If "Yes" please list dates of service:

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Please list previous volunteer positions that you have held. Include date and direct supervisor's name.

**WORK EXPERIENCE:**

List your current and last employment experience.

CURRENT - Dates from/to \_\_\_\_\_ Job Title \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact the Supervisor listed above? ( ) Yes ( ) No If "No" please explain: \_\_\_\_\_

LAST - Dates from/to \_\_\_\_\_ Job Title \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact the Supervisor listed above? ( ) Yes ( ) No If "No" please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITIES:**

Please identify hobbies and activities that interest you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION:**

Why do you want to intern at the Court/Probation Department? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualities do you possess that would be useful in this work setting? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your career goals after graduation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What classes or job experiences have you had that would be helpful in this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will you be working at another job during the time of your internship? Yes \_\_\_\_ No \_\_\_\_

If yes, where? \_\_\_\_\_

\_\_\_\_\_

What other information would you like us to know? \_\_\_\_\_

\_\_\_\_\_

**APPLICANT CERTIFICATION AND AGREEMENT:**

This internship application will be active for no more than 45 days. After 45 days, another internship application must be completed. Carefully read the following statement and sign as specified below.

I have completed this application and hereby declare the information provided is true, correct and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application will result in the termination of my internship. I further authorize the 59th District Court to obtain references concerning my character, personal qualities and past performance. I understand that the internship program is an unpaid position, not qualifying me for any income or health benefits.

\_\_\_\_\_  
Signature Date

*FOR OFFICE USE ONLY*

Placed \_\_\_\_\_ Program \_\_\_\_\_ Role \_\_\_\_\_ Date \_\_\_\_\_

Explanation \_\_\_\_\_

\_\_\_\_\_