



Student Internship Application Packet

Date: _____

*****Please Read the Following carefully prior to completion of your application*****

The Shelby County Sheriff's Office Internship program is a volunteer program, and the completion of this application is not an application for compensated employment with the Shelby County Sheriff's Office. Selection for participation in the program is at the sole discretion of the Sheriff or his designees. Please also note there is no appeal process for an intern applicant that has been disqualified.

ELIGIBILITY REQUIREMENTS

*Intern applicants must be 18 years of age or older at the time the internship begins.

*Must be enrolled as a student of a high school, college, or university.

Note: Intern applicants may be eligible for participation while on a semester or quarter break from school.

*Must have a letter of recommendation from a member of faculty from their educational institution.

*Submission of one page typed explaining why he or she wishes to participate as an intern with the Shelby County Sheriff's Office.

*Successful completion of Drug Screen

DISQUALIFIERS

*Any Felony arrest

*Any arrest for sexual related offenses

*Having sold any illegal drugs or substances, or prescription medications

*Use of any illegal drugs in the last year

*The giving of false information or intentionally omitting information while completing this application



***Note: The Sheriff or his designees can on a case by case basis disqualify any intern applicant for any matters related to criminal history, character, or moral turpitude.**

INSTRUCTIONS

*Answer all questions using black ink and in your own handwriting.

*Please include a copy of your driver's license with the submission of this application.

*Application Packets can be hand delivered to:

Shelby County Sheriff's Office at 380 McDow Rd Columbiana, AL 35051

Or mailed to

Shelby County Sheriff's Office, C/O Internship Coordinator,
P.O. Box 1095 Columbiana, AL 35051



APPLICATION FOR INTERNSHIP PROGRAM

Write "NA" or "Not Applicable" for questions that do not apply to you.

WARNING: GIVING FALSE INFORMATION AND/OR OMITTING INFORMATION WILL IMMEDIATELY DISQUALIFY AN APPLICANT

1. PRINT YOUR FULL NAME: (FIRST, MIDDLE, LAST) _____

2. YOUR PRESENT ADDRESS : (Please include mailing and physical address) _____

Mailing Address if different from Physical

City _____ State _____ Zip Code _____

3. Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

4. Date of Birth: ____/____/____ (month/date/year)

5. Place of Birth: _____, _____, _____
 (City) (County) (State)

6. Social Security Number: _____

7. Emergency Contact: _____
 (Name)

_____, _____
 (Phone Number) (Relationship)

8. Have you previously applied to the Shelby County Sheriff's Office for any position including an internship? ↑ Yes ↑ No

If "Yes"...which position/when? _____

WARNING: GIVING FALSE INFORMATION AND/OR OMITTING INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION



12. Military Service Record:

Have you ever served in the armed forces (active or reserve) of the United States of America or any state thereof? YES NO Branch: _____

Dates of Service: From: _____ to _____ Unit: _____

From: _____ to _____ Unit: _____

From: _____ to _____ Unit: _____

Rank/ Rating at time of separation: _____ Type of discharge: _____

Are you now an active member of a reserve component? YES NO

If "YES", name and location of unit: _____

13. Employment History:

Are you presently employed? YES NO

Have you ever been discharged or requested to resign from any job or position?

YES NO If "YES", give details on a separate sheet and attach to application.

List your work experience for the past 5 years: (include any military service)
(Start with your present or most recent job and list in reverse chronological order)

Employer: _____ From _____ To _____

Reason for leaving: _____

Job duties: _____

Employer: _____ From _____ To _____

Reason for leaving: _____

Job duties: _____

WARNING: GIVING FALSE INFORMATION AND/OR OMITTING INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION



Employer: _____ From _____ To _____

Reason for leaving: _____

Job duties: _____

Employer: _____ From _____ To _____

Reason for leaving: _____

Job duties: _____

14. Personal References:

List three (3) personal references who know you well enough to testify as to your character:
(Do not list relatives or members of the Shelby County Sheriff's Office)

Name: _____ Employer: _____

Address: _____

Phone: (home) _____ (work) _____ Known (years)? _____

Name: _____ Employer: _____

Address: _____

Phone: (home) _____ (work) _____ Known (years)? _____

Name: _____ Employer: _____

Address: _____

Phone: (home) _____ (work) _____ Known (years)? _____

WARNING: GIVING FALSE INFORMATION AND/OR OMITTING INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION



15. Education:

Current school or university _____

If currently in "High school", what grade? 9 10 11 12

If currently in "college", Class standing? ↑ Fresh. ↑ Soph. ↑ Jr. ↑ Sr.

Estimated Graduation Date _____

Degree Seeking _____

16. Do you plan on seeking a career in Law Enforcement? ↑ Yes ↑ No ↑ Unk.

17. Are any members of your family currently or in the past employed in law enforcement?

↑ YES ↑ NO

Who (Relationship) _____

Agency _____

18. Special Training:

List all special schools, institutes, training centers attended:

(be sure to list training that is pertinent to law enforcement or associated skills)

(List dates, subjects, and certificates received)

WARNING: GIVING FALSE INFORMATION AND/OR OMITTING INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION



19. List any police training or experience you have had including civil defense training:

(List date, place, department, type of experience and name of supervisor)

20. List your hobbies:

21. List days and hours of the week that you will be available for intern credit hours if accepted into this program: _____

22. How did you find out about the Shelby County Sheriff's Office Intern Program?

(Legal Signature of Applicant)

(Date)

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Applicant Statement and Authorization to Release Information

I hereby certify that all answers to the above questions are true and correct. I understand that any misstatement of material facts contained in this application will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the Law Enforcement Personnel Board of Shelby County, Alabama. I understand that this application and all papers in connection with the examination shall be confidential records of the SCLEPB subject to the inspection of the appointing authority as provided by the rules and regulations and to my personal inspection.

I, (print full name) _____, am an applicant for employment with the Shelby County Sheriff's Office. In order to process my application, certain information must be available to the Sheriff of Shelby County. This information is for my benefit. This release is valid for a period of two years from its date. All information will be held confidential.

I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; credit bureau or consumer reporting organization; and all governmental agencies and instrumentalities (Local, State, Federal, or Foreign) wherever said individuals or organizations are situated, to release to the Sheriff of Shelby County or to any representative thereof, any document, information, record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I hereby release you, as the custodian of such records and all of said individuals and organizations, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it.

Further, I appoint the Sheriff of Shelby County or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making this request in person. Should there be any question as to the validity of this release, you may contact me as indicated below.

Date _____ Signature of Applicant _____

Address _____ City, State, Zip _____

Cell phone _____ Home/work/other phone _____

Driver License Number _____ Issuing State _____

Affidavit: I, (applicant prints name) _____, being first duly sworn, depose and say as follows: I am the person who executed the above authorization; I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

Signature of Applicant _____

Notary: Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public _____ My commission expires: _____

BACKGROUND INVESTIGATION AUTHORIZATION

I, _____, hereby authorize the Shelby County Sheriff's Office, hereinafter referred to as Employer, and/or its designated agents to procure a consumer report and/or an Investigative consumer report on me for the purpose of evaluating me for employment, promotion, reassignment, discipline and/or retention and to make an independent investigation of my background, references, past/present employment, education, credit, motor vehicle records, drug screening records, federal, civil, criminal and police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, résumé, or in other supporting documentation and/or obtaining other information, including personal interviews with those acquainted with me, which may be material to my qualifications.

I understand that the Employer, and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, pursuant to Section 606(b) set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights as defined by the Federal Trade Commission. I also understand if an adverse decision is made due to the contents of this investigative report, then pursuant to Section 604(b)(3), I will receive a free copy of the report and a summary of my rights as a consumer under the FCRA. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. Any falsification of the facts or omission of material facts under any circumstances, found during the investigation or at any time thereafter, constitutes the basis for immediate disqualification as a candidate or termination of my employment. I understand that the information requested below is for the sole purpose of gathering information accurately and positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation. I further understand this signed consent hereby authorizes the Employer, and/or its designated agents, to conduct necessary, random and/or periodic background investigations as a requirement of my continued qualifications. Please provide complete legal name and complete all areas below.

I understand that I have the right to refuse participation in the investigation procedure and that my participation is totally voluntary. I understand that the completion of this form is condition and requirement of employment with the Shelby County Sheriff's Office. I also understand that if I decline to sign this form, I will not be eligible for employment with the Shelby County Sheriff's Office.

Please complete the following information:

Print Name: First, Middle (no initials), Last	Previous Names or Nicknames Used and Dates

Current Address	City/State/Zip	County	Dates of Residence

Please list past seven (7) years of residences:

Previous Address	City/State/Zip	County	Dates of Residence

Social Security Number	Date of Birth

Signature	Name (Please Print)	Date