



TOWN OF WARRENTON

POLICE DEPARTMENT

333 Carriage House Lane • Warrenton, Virginia 20186
Telephone (540) 347-1107 • Fax (540) 341-4190



INTERN APPLICATION

Directions: Complete each section, type, or print clearly; see bottom of page two for additional required documentation.

Last Name: _____ First Name: _____ Middle Initial: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell: _____ Business: _____
 Email: _____

Mr. Ms. Mrs. Dr. I am 18 or older I prefer to receive calls at: Home Business Either

Have you ever interned with us before? Yes No If yes, when: _____

Have any of your friends/family worked/volunteered for our agency? Yes No If yes, who/when: _____

Education: (check all that apply) High school Undergraduate degree Graduate degree

Availability:

Please check the boxes for the days and time you are Most available to serve.

Skills:

Please check any of these skills that you feel you have that would assist you in completing an internship with this office:

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Morning							
Afternoon							
Evening							

- Accounting Computer/data entry Writing
- Coordinating projects Graphic arts Web design
- Organizing special events Grant writing Photography
- Working with children/seniors Fundraising/Charities

References: Please list two people other than relatives who would be willing to serve as personal references.

Last Name: _____ First Name: _____ Relationship: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Business: _____ Cell: _____

Last Name: _____ First Name: _____ Relationship: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Business: _____ Cell: _____

University/School Name: _____
Professor/Advisor Name/Phone Number: _____

Internship requirements from your school (if available, please attach school requirements including minimum hour commitment):

Are you able to perform the essential duties of the intern position for which are applying? Yes No

If no, please explain. (A disability will not prevent you from interning if you are able to perform the essential duties of the job with reasonable accommodations.)

Have you ever been convicted of any offense, including misdemeanors, felonies and/or traffic violations? Yes No
If yes, please describe the charge, date of conviction, location of court proceedings and specific sentence. (A conviction does not automatically disqualify you from being able to intern with our agency.)

Do you possess a valid driver's license? Yes No Driver's License Number: _____

Have any restrictions or revocations been issues? Yes No If yes, please describe:

I certify that the vehicle I will be operating while performing volunteer activities has liability insurance in accordance with Virginia State Laws. Yes No

Name and policy number of current vehicle insurance: _____

I authorize the Warrenton Police Department to conduct a criminal background check. Yes No

I authorize the Warrenton Police Department to conduct a driving record check. Yes No

Social Security Number: _____-_____-_____ Date of Birth: _____

I certify that this application is a complete record and that all information contained herein, to include attachments, is true and accurate to the best of my knowledge.

Signature

Date

Attachments: Please submit the following documentation along with this completed application (if applicable):

- Unofficial college transcripts
- Resume
- School requirements for internship (placement course description, if available)
- Memorandum outlining your interests and what you would like to gain from this internship

Return to: Warrenton Police Department

ATTN: Public Information Office