

NEW CASTLE COUNTY DEPARTMENT OF PUBLIC SAFETY
DIVISION OF POLICE



POLICE INTERN
APPLICATION & BACKGROUND QUESTIONNAIRE

APPLICANT'S FULL NAME: _____

APPLICANT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S CONTACT PHONE NUMBER: () _____ (Cell Home Work)

APPLICANT'S EMAIL ADDRESS: _____

I, _____, understand and acknowledge that I have read the entire application and background investigation questionnaire, and that all entries made by me in response to requested information are true and accurate to the best of my knowledge. I am aware that any falsified information, untruthful statements or knowingly omitting information shall be cause for immediate dismissal from the process of police intern with the New Castle County Division of Police.

APPLICANT'S SIGNATURE: _____ DATE: _____

NEW CASTLE COUNTY DIVISION OF PUBLIC SAFETY
DEPARTMENT OF POLICE
INTERNSHIP BACKGROUND INVESTIGATION QUESTIONNAIRE

APPLICATION & BACKGROUND INVESTIGATION QUESTIONNAIRE INSTRUCTIONS:

The New Castle County Division of Police conducts background investigations on all potential employees in order to further inquire their suitability and consideration for the internship program. The information requested is necessary to conduct the investigation and will be kept in a confidential personnel file. We require that you provide us with your Social Security Number in order to maintain accurate and complete records. The New Castle County Police may also use your Social Security Number to make requests for information about you, but only where permitted by law. The information gathered will be used for the purpose of this internship only.

Information provided by you in this questionnaire and collected about you by the New Castle County Division of Police during your background investigation may be referred to federal state and local law enforcement agencies for criminal investigation, prosecution or other lawful purposes.

The internship program can be highly competitive that requires our Agency to identify the most highly qualified applicants for the internship program. Applicants will compete for a limited number of positions during a designated 14-week time period. In addition to the minimum qualifications outlined below, an applicant for the internship program should possess a high degree of integrity, judgement, maturity and credibility. **The omission of information or indications of deception will not be tolerated and will immediately eliminate a candidate from the application process of police intern.**

The New Castle County Division of Police is committed to a policy of equality of opportunity for all prospective interns and current employees regardless of race, color, creed, sex, age, national origin or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

Minimum Qualifications:

- Must be 18 years or older and possess a valid driver's license.
- Must be a United States Citizen or naturalized citizen
- Applicant must be currently enrolled in a degree program with an accredited college or university with a grade point average (GPA) of 2.5 or higher on a 4.0 scale
- Interns must be currently enrolled in an Associate's, Bachelor's or Master's degree program with a concentration in Law Enforcement or Criminal Justice. Other disciplines will be considered on a case-by-case basis.
- Must receive college credit for participation
- Must be able to commit to at least 15 hours/week
- Must complete the Police Intern Application & Background Questionnaire
- Must be willing to agree to and sign a waiver of liability and confidentiality agreement upon conditional offer of internship.
- Ability to work in a professional environment

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BIOGRAPHICAL INFORMATION			
LAST _____	FIRST _____	MIDDLE _____	
SEX/RACE ____/____	DATE OF BIRTH ___/___/___	AGE _____	SOCIAL SECURITY NO. ____-____-____
ADDRESS INFORMATION			
LOCAL ADDRESS:			
ADDRESS 1 _____		ADDRESS 2 _____	
CITY _____	STATE _____	ZIP _____	
PHONE NUMBER: () _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work		ALTERNATE PHONE NUMBER: () _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	
EMAIL ADDRESS: _____		ALTERNATE EMAIL ADDRESS: _____	
PERMANENT ADDRESS:			
ADDRESS 1 _____		ADDRESS 2 _____	
CITY _____	STATE _____	ZIP _____	
PHONE NUMBER: () _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work		ALTERNATE PHONE NUMBER: () _____ - _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	
DRIVER'S LICENSE NO. _____	DRIVER'S LICENSE STATE _____	VALID <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY EXPERIENCE AS A SWORN LAW ENFORCEMENT OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF ANY TATTOOS: _____			

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INTERNSHIP BACKGROUND INVESTIGATION QUESTIONNAIRE

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COLLEGE/UNIVERSITY/INSTITUTION INFORMATION	
NAME OF COLLEGE/UNIVERSITY/INSTUTUION	
MAJOR	
MINOR (IF APPLICABLE)	
CURRENT GRADE POINT AVERAGE:	
INTERNSHIP CONTACT	NAME:
	PHONE NUMBERS: () _____ - _____ () _____ - _____
	EMAIL ADDRESS: _____ @ _____
	TOTAL HOURS REQUIRED TO BE COMPLETED
ANY ADDITIONAL REQUIREMENTS OR REQUESTS:	

INTERSHIP COORDINATOR SIGNATURE	DATE:

NEW CASTLE COUNTY DIVISION OF PUBLIC SAFETY
 DEPARTMENT OF POLICE
INTERNSHIP BACKGROUND INVESTIGATION QUESTIONNAIRE

BACKGROUND INFORMATION

HAVE YOU EVER BEEN ARRESTED, DETAINED, INTERVIEWED OR INTERROGATED FOR A CRIMINAL INVESTIGATION?
 (civil violation, misdemeanor or felony - excluding minor traffic offenses)

YES NO

If NO, please skip below

If additional space is required, please indicate on additional pages.

INVESTIGATING AGENCY: _____

CITY: _____ STATE: _____

CHARGE(S): _____

DATE: _____ CHARGED WITH A CRIME: Yes No

INVESTIGATING AGENCY: _____

CITY: _____ STATE: _____

CHARGE(S): _____

DATE: _____ CHARGED WITH A CRIME: Yes No

DRUG USAGE

Have you ever used any of the following:

- Marijuana
- Hallucinogenic Drugs (LSD, mushrooms, saliva, PCP, ecstasy, etc)
- Any other illegal drugs

If yes, list the substance used, number of times used and month/year of last activity:

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INTERNSHIP BACKGROUND INVESTIGATION QUESTIONNAIRE

CHARACTER REFERENCES	
FULL NAME	
MAILING ADDRESS: (STREET NO., STREET NAME, CITY/TOWN, STATE, ZIP)	
CELL PHONE NO.:	EMAIL ADDRESS;

FULL NAME	
MAILING ADDRESS: (STREET NO., STREET NAME, CITY/TOWN, STATE, ZIP)	
CELL PHONE NO.:	EMAIL ADDRESS;

FULL NAME	
MAILING ADDRESS: (STREET NO., STREET NAME, CITY/TOWN, STATE, ZIP)	
CELL PHONE NO.:	EMAIL ADDRESS;

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EMERGENCY CONTACT INFORMATION	
NAME:	
RELATIONSHIP:	
	PHONE NUMBERS: () _____ - _____ () _____ - _____
	EMAIL ADDRESS: _____ @ _____
NAME:	
RELATIONSHIP:	
	PHONE NUMBERS: () _____ - _____ () _____ - _____
	EMAIL ADDRESS: _____ @ _____

NOTE: If you feel that there is any additional information that should be considered by the New Castle County Division of Police when reviewing your application for internship, please explain on a separate sheet of paper and submit this with your application.

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AUTHORIZATION FOR RELEASE OF INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH	
CURRENT ADDRESS (STREET NO., STREET, APT NO., CITY/TOWN, STATE, ZIP)			
MILITARY INFORMATION (if applicable)			
SELECTIVE SERVICE NUMBER	BRANCH OF SERVICE	VETERAN'S ADMINISTRATION FILE NO.	

I, _____ do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized personnel of the New Castle County Division of Police and/or any medical provider contracted by the agency, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material for my employment with the New Castle County Division of Police.

I authorize the full and complete disclosure of the records of educational institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the United States Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

I authorize the National Personnel Records Center (St. Louis, Missouri), or other custodian of military record to provide to the New Castle Division of Police, information or photocopies from my military personnel and related medical records. This could include a photocopy of my DD Form 214 (Report of Separation). A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signatures. I agree to indemnify and hold harmless employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

APPLICANT SIGNATURE

DATE

SIGNATURE OF NOTARY PUBLIC

DATE