



# JUVENILE JUSTICE

## Application for Unpaid Internship

A Criminal History Record Check Form (DPS Form HR 004) must be submitted with each application. Applications received without Form HR 004 and signatures from applicant, Faculty/Advisor and if applicable the Career Services Representative, **will not** be processed.

### Section I: Personal Information

#### Legal Name and Permanent Address

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State  Zip

#### Preferred Name and Address

*(If same as "Legal Name and Permanent Address," enter "SAME.")*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State  Zip

**Contact Numbers** Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
email \_\_\_\_\_

Best time to contact *(extra space provided, if needed)*

### Section II: Educational Information

#### School Name and Address

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State  Zip

#### Major/Credit Hours/GPA Information

Major \_\_\_\_\_  
Credit Hours in Major \_\_\_\_\_  
Grade Point Average Total \_\_\_\_\_ Major \_\_\_\_\_

**Classification in School**  Sophomore  Junior  Senior  Grad Student

**Internship Semester Applying for** \_\_\_\_\_ **Year** \_\_\_\_\_

Relevant Course Work

### Section III: Extracurricular Activities *(Include leadership roles)*

School

Community and Volunteer Experience

# Application for Unpaid Internship (cont'd)

Name \_\_\_\_\_ Major \_\_\_\_\_

## **Section IV: Work History** *(List most recent employer first)*

	<u>Employer Name, City/State/Zip</u>	<u>Employment Dates</u>
<b>1.</b>	Employer Name _____ City _____ State <input style="width: 40px;" type="text" value="NC"/> Zip <input style="width: 60px;" type="text"/>	Start _____ End _____
<b>2.</b>	Employer Name _____ City _____ State <input style="width: 40px;" type="text" value="NC"/> Zip _____	Start _____ End _____
<b>3.</b>	Employer Name _____ City _____ State <input style="width: 40px;" type="text" value="NC"/> Zip <input style="width: 60px;" type="text"/>	Start _____ End _____

## **Section V: Certification of Application Information/Signatures**

I certify that the information given in this application is true to the best of my knowledge. I authorize educational institutions, associations, references, and others to furnish whatever detail is available concerning my qualifications.

\_\_\_\_\_  
*Applicant Signature (Required)* *Date*

I certify that the above student has submitted a resume and an application for the Unpaid Internship to the Career Services Representative or consulted with a Faculty/Advisor. If applicable, the student has attended a Cooperative Education Orientation Workshop and successfully completed the program. I highly recommend this student.

\_\_\_\_\_  
*Career Services Rep. Printed Name (If applicable)*    *Career Services Rep. Signature (If applicable)*    *Date*    *Phone Number*

\_\_\_\_\_  
*Faculty Advisor Printed Name (Required)*    *Faculty Advisor Signature (Required)*    *Date*    *Phone Number*

## **Section VI: Equal Employment Opportunity (EEO) Information**

State Government policy prohibits discrimination based on age, color, creed, disability, national origin, race, religion, or sex. Absence of disability or sex is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

**Applicant's** Date of Birth \_\_\_\_\_ Sex  Female  Male

<b>Ethnic Origin</b>	<input type="radio"/> American Indian (including Alaska Native)	<input type="radio"/> Hispanic/Latino	<input type="radio"/> Two or more races
	<input type="radio"/> Asian	<input type="radio"/> Native Hawaiian or Other Pacific Islander	<input type="radio"/> White
	<input type="radio"/> Black or African American	<input type="radio"/> Other _____	