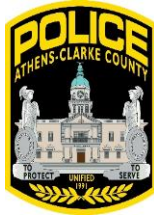


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Athens, GA 30605
Phone: 706-613-3330
Fax: 706-613-3860
Internet: <http://www.accpd.org>



Type of Internship:
 UGA Criminal Justice Studies
 Other (Athens Tech, Etc)

APPLICATION FOR INTERNSHIP

It is the policy of this department to employ those applicants who are most qualified and match the job requirements without regards to sex, sexual orientation, gender identity, race, color, religion, disability (including pregnancy), national origin, citizenship, military or veteran status, genetic information, age, or any other status or classification protected by applicable federal, state, or local laws.

Names: _____
Last First (given) Middle Other names used

Address: _____
Street Apt # City State Zip Code

Telephone: _____
Business Residence

DOB: _____ **Are you 18 years old or older?** No Yes

Emergency Contact: _____
Name Relationship Phone Number

Have you ever interned for us before? No Yes

If yes, when and where? _____

Provide name, relationship, and department of any relatives currently employed with Athens-Clarke County Government:

Athens-Clarke County Police

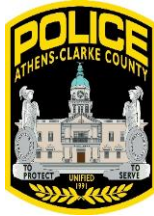
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Type of Internship:

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Have you had a traffic violation in the past 3 years? No Yes

If yes, list the type of offense (s) and date (s): _____

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? (Omit non-moving traffic violations and any offense which was finally adjudicated in a

Juvenile Court or under a Youth Offender Law). No Yes

If yes, give complete details (date, place, charges, and disposition): _____

NOTE: *A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances, and seriousness.*

Have you ever been arrested (Misdemeanor/Felony)? No Yes

If yes, please explain: _____

Athens-Clarke County Police

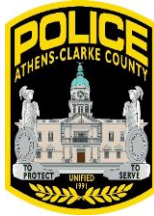
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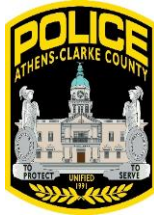
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Do you use Alcoholic Beverages? _____ **If yes, to what degree?** _____

Have you ever used, including experimentation, marijuana or any other illegal drug or similar substance or derivative thereof? **No** **Yes**

If yes, please explain:

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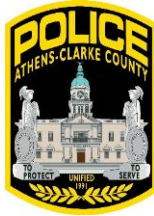


Type of Internship:
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EDUCATION

	Name/Address of School	Course of Study/Major	Dates Attended	Degree/Date Received
High School/G.E.D.				
Technical School/Community School				
Undergraduate College				
Graduate/Professional				
Other/Specify				

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School Information:

Name of Institution: _____

Faculty Advisor: _____ Title: _____

Phone: _____ Major: _____

Beginning Date of Internship: _____

***Certification of Student:** I DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Student

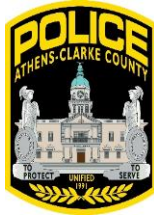
Date

***Certification of Advisor:** I DO HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT IS IN GOOD STANDING WITH THE ABOVE NAMED UNIVERSTIY/COLLEGE AND THAT THE STUDENT IS SEEKING PARTICIPATION IN THE ATHENS-CLARKE COUNTY POLICE DEPARTMENT'S CRIMINAL JUSTICE INTERNSHIP PROGRAM UNDER THE AUSPICES OF THE UNIVERSITY/COLLEGE.

Signature of Advisor

Date

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REFERENCES

Give names, addresses, and telephone numbers of 3 references who are *not* related to you and are *not* previous employers:

1. _____

Name

Phone #

Address

Apt #

City

State

Zip Code

2. _____

Name

Phone #

Address

Apt #

City

State

Zip Code

3. _____

Name

Phone #

Address

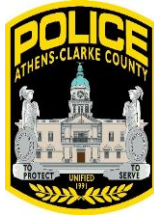
Apt #

City

State

Zip Code

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WORK HISTORY

Describe your work history **beginning with your current/most recent job**. Include military and volunteer experience. Complete addresses with zip codes and phone numbers for all employers are necessary.

Company Name: _____

Telephone: _____

Address: _____

Employment Dates:

From: _____ To: _____

Name of Supervisor: _____

Position Held: _____

Describe Duties: _____

Reason for Leaving: _____

Company Name: _____

Telephone: _____

Address: _____

Employment Dates:

From: _____ To: _____

Name of Supervisor: _____

Position Held: _____

Describe Duties: _____

Reason for Leaving: _____

Athens-Clarke County Police

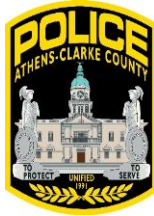
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Company Name: _____

Telephone: _____

Address: _____

Employment Dates:

From: _____ **To:** _____

Name of Supervisor: _____

Position Held: _____

Describe Duties: _____

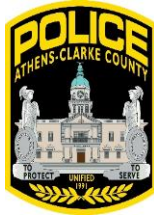
Reason for Leaving: _____

**Failure to give complete information regarding each job held may result in your disqualification.*

Have you ever been disciplined, fired, or asked to resign from any job? No Yes

If yes, why? _____

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IDENTIFICATION:

Please attach include a copy of a state-issued photo I.D.:

AUTHORIZATION TO RELEASE INFORMATION
TO THE ATHENS-CLARKE COUNTY POLICE DEPARTMENT

To Whom It May Concern:

I hereby authorize the Athens-Clarke County Police Department to obtain and/or receive any criminal history record and/or driver history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, in any other state, or any other country.

I also authorize any authorized representative of the Athens-Clarke County Unified Government / Athens-Clarke County Police Department bearing this release, or a copy thereof, within one year of its date, to obtain any information and/or records concerning myself, whether the said information and/or records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied, or otherwise reviewed.

1. Information and/or records from any educational institution that I have attended including, but not limited to, academic achievement, attendance, athletics, personal history, and disciplinary actions.
2. Information and/or records from my past or present financial records contained in any financial or credit institutions including, but not limited to, records of loans, the records of commercial or retaining credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed.
3. Information and/or records pertaining to my employment, past and/or present, including, but not limited to, current and past employment records, polygraph reports and charts, background reports, efficiency rating, complaints or grievances filed by or against me, disciplinary records, and personal history. I also authorize release of any information concerning pre-polygraph reports and charts, background reports, and any other information included in my pre-employment file.
4. Information and/or records pertaining to my personal history past and/or present, including, but not limited to, birth records, marriage and/or divorce documents, name changes wherever filed, and access to any/all social media sites of which I am a member.

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 signature.

This release is executed with full knowledge and understanding that the information is for the official use of the Athens-Clarke County Police Department. Consent is granted for the police department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

I hereby waive and release any claims against any party which I may have as the result of the release of any records or information referenced in this Authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

Should there be any question(s) as to the validity of this release, you may contact me as indicated below.

SIGNATURE: _____ DATE: _____

PRINT FULL NAME: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____

