

# Richardson Police Department Application for Internship Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Other names used (Maiden, Adopted, etc.): \_\_\_\_\_

Are you a U.S. Citizen? YES  NO  Are you at least 18 years of age? YES  NO

Print name as it appears on your Social Security card: \_\_\_\_\_

Res. Address: \_\_\_\_\_  
Street Name & Number City State Zip

Primary Phone #: (\_\_\_\_) \_\_\_\_\_ Additional Phone #: (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
Number State

Email: \_\_\_\_\_

## Educational Institution:

Are you applying for an internship to earn college/university credit hours towards your degree?

YES  NO

Applied term of internship: Fall  Spring  Year \_\_\_\_\_ GPA (4.0 scale) \_\_\_\_\_

What is your applied field of study? \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Title of Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name and job title of advisor or person whom information about your internship should be addressed to:

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How many credit hours will you receive for a completed internship with our department? \_\_\_\_\_

How many internship hours are required to earn the above credit hours? \_\_\_\_\_

**Arrest / Driving Record:**

Have you ever been detained for purposes other than a traffic stop?

YES  NO

If YES, explain: \_\_\_\_\_

Have you ever been arrested?

YES  NO

If YES, explain: \_\_\_\_\_

Do you have a valid driver's license? YES  NO  How many citations in the past 3 years? \_\_\_\_\_

How many traffic accidents have you been involved in as a driver in the past 3 years? \_\_\_\_\_

Has your driver's license ever been suspended?

YES  NO

If YES, explain: \_\_\_\_\_

Have you ever been involved in an accident while you were driving intoxicated by a narcotic substance or an alcoholic beverage?

YES  NO

If YES, explain: \_\_\_\_\_

Has your driver's license ever been placed on probation for excessive traffic violations?

YES  NO

If YES, explain: \_\_\_\_\_

**Personal Declarations:**

Have you ever used, sold, delivered, or manufactured marijuana or any type of illegal narcotic or drug:

YES  NO

If YES, explain: \_\_\_\_\_

Have you ever intentionally inhaled any type of chemical subject to inhalant abuse?

YES  NO

If YES, explain: \_\_\_\_\_

Have you ever excessively used or abused any prescription medication?

YES  NO

If YES, explain: \_\_\_\_\_

Are there any incidents in your life, not already mentioned, that may reflect upon your suitability to perform the duties of a police intern?

YES  NO

If YES, explain: \_\_\_\_\_

**References – Academic and Professional:**

Please list at least 5 references that can provide current information about you. References must include a mixture of at least one professor, along with employers and persons who know you well enough to provide current information about you.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

**References – Law Enforcement:**

List any individuals with whom you are well acquainted who are members of law enforcement agencies.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Agency: \_\_\_\_\_

Home Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Agency: \_\_\_\_\_

Home Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Agency: \_\_\_\_\_

Home Address: \_\_\_\_\_ Years known: \_\_\_\_\_

Home Phone #: ( ) - \_\_\_\_\_ Work Phone #: ( ) - \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe your relationship with this person: \_\_\_\_\_

**Employment:**

Have you ever been employed by the City of Richardson (which includes Richardson Police Department)?

YES  NO

If YES Position: \_\_\_\_\_ Date From \_\_\_\_\_ To \_\_\_\_\_

Have you ever applied for a job with the Richardson Police Department?

YES  NO

If YES, position applied for \_\_\_\_\_ Date Applied \_\_\_\_\_

Hired

Not Selected

Not Contacted

Rejected (explain) \_\_\_\_\_

Other (explain) \_\_\_\_\_

**Schedule Availability:**

If accepted, what date can you start your internship? \_\_\_\_\_ What ending date? \_\_\_\_\_

Are there any dates/times you will be unavailable due to prior arrangements? YES  NO   
If YES, please list.

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Intern hours are generally completed Monday through Friday between 8:00 a.m. and 5:00 p.m. However, there is a possibility an assignment could be scheduled outside of this time frame. Your hours of availability are very important to the scheduling process. You will be held accountable for arriving on time and attending the full scheduled assignment. Please indicate the days and hours you are available for the applied internship:

<b>Monday</b>	<b>Between</b>	_____	<b>After</b>	_____
	<b>8 am - 5 pm</b>		<b>5 pm</b>	
<b>Tuesday</b>	<b>Between</b>	_____	<b>After</b>	_____
	<b>8 am - 5 pm</b>		<b>5 pm</b>	
<b>Wednesday</b>	<b>Between</b>	_____	<b>After</b>	_____
	<b>8 am - 5 pm</b>		<b>5 pm</b>	
<b>Thursday</b>	<b>Between</b>	_____	<b>After</b>	_____
	<b>8 am - 5 pm</b>		<b>5 pm</b>	
<b>Friday</b>	<b>Between</b>	_____	<b>After</b>	_____
	<b>8 am - 5 pm</b>		<b>5 pm</b>	
<b>Saturday</b>	<b>Anytime</b>	_____		

**Additional Comments:**

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Send or deliver all required application documents in one packet to:

**Richardson Police Department  
Attention: Meredith Watkins, Internship Coordinator  
200 North Greenville Avenue  
Richardson, TX 75081**

Incomplete packets will not be processed.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_