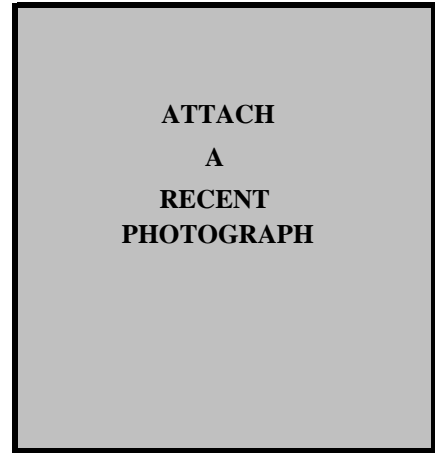


**APPLICATION FOR COLLEGE INTERNSHIP
LANSING POLICE DEPARTMENT**



PLEASE INDICATE WHICH SEMESTER YOU ARE APPLYING FOR:
SPRING ____ SUMMER ____ FALL ____

**NOTE: PRINT WITH INK OR TYPE. APPLICATIONS NOT
PROPERLY COMPLETED WILL BE REJECTED OR RETURNED.
ATTACH EXPLANATIONS, IF NECESSARY.**

A) PERSONAL IDENTIFICATION INFORMATION

NAME: _____ BIRTHDATE: _____
 last first full middle

ADDRESS: _____ PHONE: _____

CITY: _____ STATE/ZIP: _____

EMAIL: _____ CELL TX: _____

HOW LONG HAVE YOU RESIDED AT THE ABOVE ADDRESS? _____

LIST YOUR PREVIOUS ADDRESSES FOR THE PAST 5 YEARS _____

PLACE OF BIRTH: _____
 City State

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

DO YOU WEAR CORRECTIVE LENS? _____ IF SO, GLASSES OR CONTACTS: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____ F.O.I.D. _____

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME: _____ OCCUPATION: _____

PARENT'S MARITAL STATUS: _____ WITH WHOM ARE YOU NOW LIVING? _____

C) HAVE YOU HAD ANY PREVIOUS CONTACT WITH THE LANSING POLICE DEPARTMENT?

IF SO PLEASE LIST THE DATES AND NATURE OF ALL CONTACTS.

D) LIST ANY ORGANIZED GROUPS (I.E. BOY SCOUTS, GIRL SCOUTS, ATHLETIC TEAMS, SOCIAL GROUPS, ETC.) WITH WHICH YOU ARE PRESENTLY OR WERE PREVIOUSLY AFFILIATED DURING THE PAST 5 YEARS: _____

E) DO YOU HAVE ANY EXPERIENCE USING A FIREARM? _____ IF SO PLEASE DESCRIBE: _____

F) CAN YOU SPEAK, READ OR WRITE ANY FOREIGN LANGUAGE? _____ IF SO, WHICH LANGUAGE OR LANGUAGES AND TO WHAT DEGREE OF PROFICIENCY? _____

G) HAVE YOU EVER USED ANY ILLEGAL DRUGS? _____ IF SO, WHAT SUBSTANCE(S) AND HOW OFTEN? _____

H) DO YOU CONSUME ALCOHOL? _____ IF SO, WHAT TYPE(S) AND HOW OFTEN? _____

I) HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION? _____ IF SO, ATTACH A DETAILED EXPLANATION DESCRIBING ALL SPECIFICS AND THE DISPOSITION OF THE CASE.

J) PLEASE LIST YOUR HOBBIES AND INTERESTS: _____

K) LIST BELOW YOUR COMPLETE EDUCATIONAL HISTORY BEGINNING WITH ELEMENTARY SCHOOL AND PROGRESSING THROUGH COLLEGE, IF APPLICABLE:

SCHOOL NAME	LOCATION(CITY, STATE)	DATES ATTENDED	
_____	_____	_____	TO _____
_____	_____	_____	TO _____
_____	_____	_____	TO _____
_____	_____	_____	TO _____
_____	_____	_____	TO _____
_____	_____	_____	TO _____

DATE OF HIGH SCHOOL GRADUATION : _____ GRADE POINT AVERAGE: _____

MAJOR FIELD OF STUDY IN COLLEGE : _____ GRADE POINT AVERAGE: _____

COLLEGE INTERNSHIP COORDINATOR: _____ GRADUATION DATE _____

L) LIST BELOW YOUR COMPLETE EMPLOYMENT HISTORY BEGINNING WITH YOUR PRESENT POSITION AND REGRESSING THROUGH PREVIOUS JOBS:

EMPLOYER: _____ **DATES EMPLOYED:** _____ **TO** _____

ADDRESS: _____ **PHONE:** _____

POSITION: _____ **REASON FOR LEAVING:** _____

EMPLOYER: _____ **DATES EMPLOYED:** _____ **TO** _____

ADDRESS: _____ **PHONE:** _____

POSITION: _____ **REASON FOR LEAVING:** _____

EMPLOYER: _____ **DATES EMPLOYED:** _____ **TO** _____

ADDRESS: _____ **PHONE:** _____

POSITION: _____ **REASON FOR LEAVING:** _____

EMPLOYER: _____ **DATES EMPLOYED:** _____ **TO** _____

ADDRESS: _____ **PHONE:** _____

POSITION: _____ **REASON FOR LEAVING:** _____

M) DO YOU KNOW OF ANY REASON WHICH WOULD DISQUALIFY YOU FOR AN APPOINTMENT TO THE LANSING POLICE INTERNSHIP PROGRAM? _____ IF SO, PLEASE EXPLAIN:

N) WHAT PROMPTED YOU TO APPLY FOR A POSITION AS A LANSING POLICE INTERN?

O) INDICATE IN THE SPACE BELOW (OR AN ATTACHED SHEET IF ADDITIONAL SPACE IS REQUIRED) ANY EXPERIENCE, TRAINING OR SPECIAL SKILLS WHICH RENDER YOU UNIQUELY QUALIFIED FOR THIS POSITION:

LIST THE NAMES OF THREE RELIABLE PERSONS (OTHER THAN RELATIVES AND PAST OR PRESENT EMPLOYERS) WHO KNOW YOU WELL ENOUGH TO PROVIDE INFORMATION ABOUT YOUR CHARACTER

NAME	RELATIONSHIP	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, _____, HAVE REVIEWED MY COMPLETED APPLICATION AND HAVE MADE ANY AND ALL NECESSARY CORRECTIONS. IN SIGNING THIS APPLICATION I HEREBY ATTE TO THE FACT THERE ARE NO WILLFUL MISREPRESENTATIONS IN ANY OF THE ANSWERS OR STATEME I HAVE FURNISHED. I AM FULLY AWARE THAT THIS APPLICATION WILL BE INVESTIGATED AND THAT SHOULD SUCH INVESTIGATION DISCLOSE ANY INTENTIONAL MISREPRESENTATION MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR ANY FUTURE POSITION WITH THE LANSING POLICE DEPARTMENT.

SIGNATURE : _____

DATE: _____

WITNESS: _____

SEND COMPLETED APPLICATION TO:

**DEPUTY CHIEF P. GRUTZIUS
LANSING POLICE DEPARTMENT
2710 170TH ST.
LANSING, IL 60438-1110**

OR E-MAIL TO: pgrutzius@villageoflansing.org

The deadline for submitting internship applications are as follows:

- Fall Semester By July 31**
- Spring Semester By November 30**
- Summer Semester By April 30**

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For a period of one year from the execution of this form, I _____ authorize the Village of Lansing, Lansing Police Department to conduct an investigation into all aspects of my qualifications and background. I also authorize any individual, organization, or agency which maintains records relating to me to provide these records on request to any agent of the Lansing Police Department conducting such an investigation. This authorization includes, but is not limited to, employment records, credit records, and criminal history records. The intent of this authorization is to give my full and complete disclosure of criminal records, internal investigation records, military records, records of educational and financial institutions, employment and pre-employment records, background reports, efficiency ratings, and complaints. I specifically waive my rights to written notice of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Record Review Act.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I further release the Lansing Police Department, its agents and designees under this release, from any and all liability which may be incurred as a result of furnishing such information.

Signature

Date

Print Name

Maiden Name or other names used

Previous Address

City / State / Zip