



**Maine State Police
Internship Program
15 Oak Grove Rd
Vassalboro, ME 04989**



Applicant

Name:		DOB:	
Address		City	
State	Zip	E-mail	
Driver's License	State Issued	Home Telephone	Cell Telephone

Emergency Contact Person

Name:		Relationship	
Address		City	
State	Zip	E-mail	
Home Telephone		Cell Telephone	Work Telephone

Semester Selection

Please select the semester for participation. Application submission must be within dates noted to be eligible for consideration for that semester. (Only one semester can be selected)

Spring Semester (January – April) Application deadline November 1st of previous year;
 Application accepted between October 1 – November 1st
 Summer Semester (May – August) Application deadline March 1st;
 Application accepted between February 1 – and March 1st
 Fall Semester (September – December) Application deadline July 1st
 Application accepted between June 1 – July 1st

Availability

Dates you are available:	Beginning Date:	Ending Date:
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Indicate order of preference where you would be willing to complete your internship, 1, 2, & 3:

Northern Counties (Aroostook, Piscataquis, Penobscot, Hancock, Washington)
 Central Counties (Sagadahoc, Lincoln, Waldo, Knox, Kennebec, Somerset, Franklin)
 Southern Counties (York, Androscoggin, Cumberland, Oxford)

Academic Background (list college/universities from which you are pursuing or have received a degree)

Current College/University:		
City:	State:	GPA:
Major/Area of Study (if applicable):		Rank:
Type of Degree Pursued:		Date Degree Expected:
Current Academic Level:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate	
Faculty Advisor:		
Department:	Telephone:	

Academic Course Credit Requirements

Will you be requesting course credit from your school?	Yes	No
If Yes, total hours required:		
Please list all academic specific requirements from school:		

Military Record

Have you ever served on active duty in the Armed Forces of the United States?	Yes	No
Branch of Military Service:	Serial Number:	
Date(s) of Service:	Type of Discharge:	
Where Discharged:	Do you have a Service Connected Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Citizenship

Are you currently a U.S. Citizen?	Social Security #:	
If Naturalized, Date of Entry:	Place of Entry:	
Court:	Date:	Place:

Background Information

If you answer "YES" to any of the following questions, you must attach an explanation to this application; include the date(s) and location(s) of conviction(s) and the disposition(s).

As an adult, have you ever been charged with a criminal offense (Class A, B, C, D, E)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
As an adult, have you ever been convicted of a criminal offense (Class A, B, C, D, E)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
As an adult, have you ever pled nolo contendere or pled guilty to a criminal offense (Class A, B, C, D, E)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
As an adult, have you ever had the adjudication of guilt withheld for a crime which is a criminal offense (Class A, B, C, D, E)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Skills

Please list any skills you possess that may be helpful to you as an intern:

Career Goals

Please list your career goal(s) or objective(s):

By signing below, I'm certifying that the information provide above is true and accurate to the best of my ability.

Applicant Signature: _____ Date: _____

Please return this completed application along with release forms, resume, transcript, referral letter and a copy of your photo id to:

**Maine State Police
Internship Coordinator
15 Oak Grove Rd
Vassalboro, ME 04989**



Department of Public Safety-Maine State Police
**AUTHORIZATION FOR RELEASE OF
PERSONAL INFORMATION**

I, do hereby authorize the review of and full disclosure of all records or any part thereof, concerning myself, by and to Maine State Police, and any duly authorized agent of the Maine State Police, whether said 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 records of educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; public utilities; employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, wherever filed; records of complaints, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, where-so-ever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Department of Public Safety, to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Department of Public Safety. I have had this explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____ Date: _____

Name (Printed)

Physical Address:

DOB: S.S. No: Phone:

Witness: _____