

COUNTY OF EL DORADO PROBATION DEPARTMENT

3974 Durock Road, Ste. 205 Shingle Springs, CA 95682 (530) 621-5625



CONFIDENTIAL APPLICATION FOR STUDENT INTERNSHIP

Date of Application:		Expiration Date:				
Name:	(Last)	(First)	(1	Middle)	(Maiden)	
Address:	(Street Address)	(Mailing A	Address) (City)) (State)	(Zip Code)	
Cell Phone:		Social Sec.:		DMV DL:		
Age:	Male	Female R	ace: H	t:	Wt:	
Eyes:	DOB:	Material S	tatus: Marrie	ed Divorce	ed Single	
	ontact in case of e	~ •				
Employmer	nt:		(Employer)		(Dhone)	
(Occupation) (Employer) (Phone) Can you be contacted at this number? Yes No Hours:						
If you have lived in El Dorado County less than five (5) years, list previous addresses:						
How did you learn about our program?						
To the best of you knowledge, are you related to any person currently on probation, in custody in a penal institution, or with pending criminal charges? Yes No If yes, explain:						
Education		Grade Completed:		School/City:		
Special Courses or Degrees: Languages Spoken Fluently:						
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Organizations/Interest Hobbies/Skills:	s (Organizational Affi	liations, Clubs, etc.)		
Describe previous volun	teer experience:			
Arrest History: Have y traffic violations, or bee Yes No Include juvenile, adult, a hit and run are not min Date of Offense	n granted diversion or and military offenses.	deferred entry of judgm (Note: Drunk driving)	ent for any offensives? , reckless driving, and	
References: (do not list Name	relatives) Address	Phone	Occupation	
Briefly state your reason Department:	as for wanting to becor	me a student intern for th	ne Probation	
Name of College:		Name of Instructo	or:	
Instructor's Phone:	etor's Phone: Length of Internship:			
Min. Hrs. Req.:	Days/Hrs			
I hereby certify that I are intern to the El Dorad reimbursed for any milinvolve transportation or required, I am also will to the division manager CONCERNING PROP Probation Department of procedure for all new voon this application are	m at least 19 years of to County Probation eage or out-of-pocket f any person, I will caring to complete a train of the unit I am assign BATION CLIENTS (to conduct a criminal plunteers and student i true to the best of my violations of the ab	Department. I unders expenses. I further agry adequate liability instance to I will reported to. I WILL KEEP CONFIDENTIAL. I galand driving record clusterns. I hereby certify by knowledge. I under	my services as a student tand that I will not be gree that if any services urance on my vehicle. If rt any change of address ALL INFORMATION ive my permission to the heck, which is standard that all statements made restand that untruthful or use for rejection of my	
Applicant Signature: _		Date: _		
Reviewed by:		Date:		
Verified by:		Date:		