



Montgomery County Sheriff's Office Internship Application

Personal Information					
First Name		Middle		Last	
Street Address					Apt/Unit
City			State		Zip Code
Phone Number			Cell Phone Number		
E-mail Address					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
Would you consent to a criminal background check? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever applied for or held an internship position with Montgomery County before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Department and dates:					

Availability						
Approximately how many hours per week are you looking to work? (Please note: This is not a guarantee)						
Please check your general availability		Monday	Tuesday	Wednesday	Thursday	Friday
Morning (approx. 8:30-1)						
Afternoon (approx. 12:30-4:15)						
All Day (approx. 8:30-4:15)						

Education/Employment Information	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list your school and concentration(s)/minor(s): School: Concentration(s): Minor(s):
Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Graduate <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior	

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date: