



# Addison Police

## Application for Internship



3 Friendship Plaza, Addison, Illinois 60101 · Phone: (630) 543-3080 Fax: (630) 543-1069

**DIRECTIONS:** We welcome you as an applicant for our Internship Program. Your application will be considered with others in competition for the position in which you are applying. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible internship with the Addison Police Department. Please furnish us with complete information as outlined in this application. Please type or hand print an answer to every question in ink. If a question does not apply to you, state with "N/A." You are encouraged to attach any additional information which you believe qualifies you for the internship. If the space available is insufficient, attach a separate sheet of paper and precede each answer with the number of the referenced question.

Date of application \_\_\_\_\_ Dates of desired internship (from-to) \_\_\_\_\_

School currently enrolled in \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_  
Instructor/Professor supervising internship program \_\_\_\_\_

Instructor/Professor phone number and e-mail \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_  
Month Day Year

Present address (if living on campus) \_\_\_\_\_  
Number Street City & State & Zip

Permanent address (your address off-campus) \_\_\_\_\_  
Number Street City & State & Zip

Home telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Are you a citizen of the U.S.?  Yes  No

Have you ever been convicted of any crimes other than minor traffic violations?  Yes  No  
If yes, state nature of the crime, when and where convicted and disposition of case.

Please be advised that you **do not** have to disclose any sealed or expunged records of conviction or arrests.

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## I UNDERSTAND AND AGREE THAT:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for a possible internship and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed my application. I understand that any omission or misstatement of material fact on this application or on any document used to secure internship shall be grounds for rejection of my application and shall constitute cause for dismissal.

I hereby authorize the Village of Addison to thoroughly investigate my education, criminal, fingerprint, and driving records, and other matters related to my suitability for internship and further authorize all organizations in possession of pertinent information to disclose to the Village any and all letters, reports and other information related to my education, work, criminal, fingerprint, medical, and driving records, without giving me prior notice of such disclosure. In addition, I hereby release the Village, corporations, partnerships, associations, and any other persons from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

I understand that nothing communicated during the selection process, contained in the application or conveyed during any interview which may be granted is intended to create an employment relationship between me and the Village.

I further understand that in the event my application is disapproved, the sources of confidential information will not be revealed to me.

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

**I also understand that the following criteria may eliminate me from the selection process:**

- **not currently enrolled in a two- or four-year college or university with Criminal Justice or similar as my major**
- **not submitting a copy of medical insurance when requested during selection process**
- **not signing the "Release and Waiver of Liability" form when requested during the selection process**
- **not cooperating fully with the completion of my background investigation**
- **level of maturity not suitable for observing law enforcement activities**

My signature below confirms that I have read and understand the above statements.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Please return completed and signed to:

Sergeant Brian Lindstrom  
Addison Police Department  
3 Friendship Plaza  
Addison, IL 60101