

STEELE COUNTY COMMUNITY CORRECTIONS

INTERN APPLICATION

PERSONAL

Last Name:	First Name:	Middle Name:	DOB:
Address:		Phone:	
City:	State:	Zip Code:	Email:
Dates you would like to intern: From _____ to _____		College Course Requiring Intern/Instructor:	
Number of hours you plan to intern for: _____ hours per _____ week _____ month		Intern Hours Required by College Course:	

AVAILABILITY (include evenings)

Monday:	Friday:
Tuesday:	Saturday:
Wednesday:	Sunday:
Thursday:	Special Circumstances:

EDUCATIONAL HISTORY

High School Name and Location:	Subjects Studied:	Degree and Graduation Date or # of years completed:
College/University/Technical/Vocational School Name and Location:	Areas of Major and Minor	Degree and Graduation Date or # of years completed:
Graduate School or other post-graduate education:	Area of Study	Degree and Graduation Date or # of years completed:
Other Training/Courses	Areas of Training/Study	Degree and Graduation Date or # of years completed:

EMPLOYMENT HISTORY (please list last two employers)

Employer Name (most recent first) and address:	Telephone:
Name of Supervisor:	Date employed: From _____ to _____
Job Title:	May we contact this employer? ☐ Yes ☐ No
Description of Duties:	Reason for Leaving:
Employer Name and Address:	Telephone:
Name of Supervisor:	Dates Employed: From _____ to _____
Job Title:	May we contact this employer? ☐ Yes ☐ No
Description of duties:	Reason for Leaving:

VOLUNTEER EXPERIENCE

Agency/Organization and Address:			Telephone:
Name of Supervisor:	Dates Volunteered From to	May we contact this agency? ☐ Yes ☐ No	Reason for Leaving:
Job Title and Duties:			
Agency Organization and Address:			Telephone:
Name of Supervisor:	Dates Volunteered From to	May we contact this agency? ☐ Yes ☐ No	Reason for Leaving:
Job Title and Duties:			

(Attach additional sheets if necessary.)

BACKGROUND

Do you have a valid Driver's License? ☐ Yes ☐ No If yes, state and license # _____

Available car? ☐ Yes ☐ No If yes, name of insurance company: _____

Have you ever been convicted of a criminal offense (including petty misdemeanors) or major traffic offense (misdemeanor or greater)? ☐ Yes ☐ No
(Report all convictions past and present. (Convictions may not automatically disqualify you.)

If yes, what was your offense:

Date convicted: _____ End date of probation/parole or court jurisdiction: _____

Are you now or have you ever been placed on probation or participated in a diversion program? ☐ Yes ☐ No If yes, please explain:

Are you currently involved in a court matter in Minnesota or any other jurisdiction? ☐ Yes ☐ No If yes, please explain:

Do you have any close friend or family member under any type of court jurisdiction, and/or in any correctional/placement/institution/facility? ☐ Yes ☐ No
(This will not disqualify you.) If yes, list name(s) and relationships:

Are you now or have you ever been involved with child protection or social services authorities in Steele County or any other jurisdiction? ☐ Yes ☐ No
If yes, list dates and circumstances:

List where you have lived the past five (5) years other than Steele County:

Have you ever been asked to resign or been terminated by an employer or an intern training program?
☐ Yes ☐ No If yes, please explain:

REFERENCES

Name	Address	Telephone	Relationship	Years Known
1.				
2.				
3.				

My signature below certifies that all statements made on this application are true complete and correct to the best of my knowledge. I understand these statements are subject to verification. I understand the falsification of this application can disqualify me from consideration or result in dismissal upon discovery.

Furthermore, my signature below provides my authorization to the Steele County Community Corrections to conduct driver and criminal record checks, as well as reference checks to determine my suitability for placement.

Signature	Date
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Steele County Community Corrections acknowledges that equal opportunity for all persons is a fundamental human value. The intern program considers each applicant based on individual ability and merit, without regard to race, color, creed, age, religion, national origin, sex, handicap, sexual orientation, marital status or public assistance status.