

Duluth Police Department

INTERNSHIP APPLICATION and BACKGROUND INVESTIGATION FORM

Applicant Name: _____



Duluth Police Department
2030 North Arlington Ave.
Duluth, MN 55811

Complete this form as thoroughly as possible. Please call the Professional Standards Unit, Intern Coordinator at 218-730-5040 if you have any questions about this process.

Last Name	First Name	Middle Name
Social Security Number:		Date of Birth:

List any and all other names by which you are or have been known:

1.
2.
3.
4.

RESIDENCE - List your current residence below.

Complete Street Address			Apt. #
City	County	State	Zip
Telephone	Cell Phone	E-Mail	

In chronological order, starting with most recent dates, list each and every place in which you have lived in the past seven years, except for your current address listed above. Include all addresses while you were in school or the military.

From Mo/Yr	To Mo/Yr	Complete Street Address, Apt. Number, City, State, and Zip

CITIZENSHIP

Are you a native born or naturalized citizen of the United States of America?

_____ Yes _____ No

RELATIVES - List the names and addresses of your father, mother, brothers, and sisters (include step-parents, step-siblings, if appropriate)

Relationship	Name	Address	Phone

FRIENDS AND ASSOCIATES - List the names and addresses of four friends and/or associates. Do not include former employers, school teachers, or peace officers and corrections officers.

Name	Address	Phone

List any peace officers and/or corrections officers with whom you are acquainted.

Name	Department	Home Address	Telephone

EDUCATION - List chronologically all middle schools, high schools and colleges you have attended.

Name and Address of School	From (Mo/Yr)	To (Mo/Yr)	Last Grade or Term

List all college degrees and major areas of study.

1.)
2.)
3.)
4.)
5.)

List any disciplinary action taken against you by the school(s) you attend.

Date	School	Brief Explanation	Outcome

List any internships you had during your schooling.

Agency	Agency Supervisor	# of Credit Hours	From Mo/Yr	To Mo/Yr	College Internship Advisor

For each internship above, list your primary duties and responsibilities.

Agency	Duties/Responsibilities

_____ **Active Military Service for the United States of America**

Branch: _____

Specialty or Rate: _____

Highest Rank Held: _____

Service Serial Number: _____

Commanding Officer at Discharge: _____

Periods of Service: _____

Number of discharges or separations:

Discharges: _____

Separations: _____

Has your discharge or separation notice ever been changed?

_____ **Yes** _____ **No**

If yes, what was the change?

Were you ever subject to any military disciplinary action?

_____ **Yes** _____ **No**

If yes, give details of charges, agency concerned, dates, and dispositions.

_____ **Served in a military organization of a foreign country. Provide details below.**

Present Employer: _____

Address: _____ **Phone:** _____

Date Hired: _____

Position/Duties:

Immediate Supervisor: _____

May your current employer be contacted?

_____ **Yes** _____ **No** **Please explain below:**

Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member?

_____ **Yes** _____ **No** **Please give details below:**

Were you ever subjected to any disciplinary action in connection with any employment?

_____ **Yes** _____ **No** **Please give employer, date, and details below:**

Were you ever discharged or asked to resign from employment?

_____ **Yes** _____ **No** **Please give employer, date, and details below:**

Have you ever possessed a professional or occupational license, permit, or certificate (excluding peace officer license)?

_____ Yes _____ No Please give details below:

Has any license or permit (excluding driver's license or learner's permit) issued to you or to any corporation or partnership of which you were an officer, director, or partner by any city, state, or federal agency ever been denied, revoked, suspended, or canceled?

_____ Yes _____ No Please give details below:

LEGAL PROCEEDINGS - Were you ever a party to any civil action or proceeding in this or any state, or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding?

_____ Yes _____ No Please give details below:

Date	Action or Proceeding	Plaintiff, Defendant Petitioner, or Respondent	Location of Court, Disposition

Have you ever been named as a defendant, or convicted in any adult criminal proceeding (excluding parking and traffic violations)? Expungements and/or pardons must be included pursuant to Minnesota Statutes 364.04, 364.09 and 368.02.

Yes No Please give details below:

Date	Type of Violation	Misd	Gr. Misd	Felony	Court Location	Disposition	Agency Concerned

List any other contacts you have had with a law enforcement agency:

Contact Date	Agency Name	Type of Contact

Have you ever used any controlled substances (excluding those prescribed by a doctor), illegal drugs, narcotics, marijuana, etc? Yes No

If yes, what was last date used: _____

Have you ever been fingerprinted (exclude only present application with this department)?

Yes No Please give details below:

Date	Location/Agency	Reason for Fingerprinting

VEHICLE OPERATION - As an adult, have you ever received a summons (ticket) for a violation of the traffic laws of this or any other state (exclude parking violations)?

Yes No Please give details below:

Date	Violation	Location	Court Disposition	Agency

Have you ever been involved in a motor vehicle accident?

Yes No Please give details below:

Date	Location	What Happened

Do you now or have you ever possessed a driver's license in Minnesota?

____ Yes ____ No **Please give details below:**

Driver's License Number: _____

Type of license: _____

Do you now or have you ever possessed a driver's license issued by any state or agency other than Minnesota?

____ Yes ____ No **Please give details below:**

Name of State or Agency: _____

Type of license: _____

Have you ever had a driver's license or other vehicle operator's license

Revoked? ____ Yes ____ No **Please give details below:**

Suspended? ____ Yes ____ No **Please give details below:**

Canceled? ____ Yes ____ No **Please give details below:**

License: _____

When: _____

Where: _____

Why: _____

If you answered yes above, was license ever restored?

____ Yes ____ No **Please give details below:**

When: _____

Where: _____

Why: _____

Has an auto insurance company ever taken action against your insurance coverage?

Yes No **Please give details below:**

When: _____

Where: _____

What Happened:

Why are you interested in doing an internship with the Duluth Police Department (use another sheet-under 500 words)?

Tell us about your background (use Another sheet-under 500 words).

How many credits are you requesting? _____

I certify that all of the statements made by me in this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information I provide on this application form may be cause for rejection or dismissal from the hiring process.

Signed: _____ **Date:** _____



CITY OF DULUTH

POLICE DEPARTMENT

2030 N. Arlington Ave, Duluth, Minnesota 55811

Phone: (218) 730-5400 Fax: (218) 730-5911

Date: _____

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (FULL) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ Sex (male or female): _____
Month/Date/Year

I authorize the Minnesota Bureau of Criminal Apprehension, the Federal Bureau of Investigation to disclose all criminal history record information to the *Duluth Police Department* for the purpose of an Internship with this agency.

The expiration of the authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date