



## Alton Police Department Internship Application

ALTON POLICE DEPARTMENT  
1700 E. Broadway • Alton, Illinois 62002

Telephone: (618) 463-3505  
E-mail: [interns@altonpolice.com](mailto:interns@altonpolice.com)

Fax: (618) 462-3797  
Website: [www.altonpolice.com](http://www.altonpolice.com)

Full Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Permanent Address: \_\_\_\_\_  
Street City, State Zip

Current Address: \_\_\_\_\_  
(if different from above) Street City, State Zip

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_

Are You a US Citizen? \_\_\_\_\_ If No, Please List Citizenship: \_\_\_\_\_

Desired Internship Time Period: Year \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

List Any Languages (Other than English) In Which You Are Fluent: \_\_\_\_\_

List Any Computer Proficiencies: \_\_\_\_\_

Current College or University: \_\_\_\_\_

Declared Major(s) and Minor(s)/Area(s) of Study: \_\_\_\_\_

Faculty Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment History (List Employment History Beginning With Current Employer)

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City, State Zip

Position(s) Held: \_\_\_\_\_

Contact Person: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

***Alton Police Department Internship Program Application, Continued***

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City, State Zip

Position(s) Held: \_\_\_\_\_

Contact Person: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City, State Zip

Position(s) Held: \_\_\_\_\_

Contact Person: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

List All Extracurricular Activities, Hobbies and/or Organizational Affiliations:

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List All Awards, Honors or Certifications Received:

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List At Least Three References (other than immediate family members or employees):

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*I acknowledge that the information provided in this application is true and correct and I understand that all information provided is subject to verification.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Alton Police Department Internship Program Application, Continued*

**Authority for Release of Information**

This release, when presented by a duly authorized representative of the Alton Police Department, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

I authorize the release of information to the Alton Police Department relating to Employment, Educational, Birth Record/Citizenship, Military, Selective Service and Police (Driving and Criminal) Data or Records.

This authorization is given in connection with a full background investigation being conducted relative to my application for the Alton Police Department Internship Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**For Alton Police Use Only:**

\_\_\_\_\_  
Application Received By

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Background Check Completed

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Interview Completed

\_\_\_\_\_  
Date Completed

Circle one of the following:

Approved

Denied

\_\_\_\_\_  
Internship Coordinator Signature

\_\_\_\_\_  
Date

**Complete the Following Upon Approval of Internship Coordinator:**

\_\_\_\_\_ Internship Regulations    \_\_\_\_\_ Hold Harmless Agreement    \_\_\_\_\_ Internship ID Badge    \_\_\_\_\_ PD Notification

\_\_\_\_\_ Confidentiality Agreement    \_\_\_\_\_ Review of Social Media Policy