

YORKVILLE VILLAGE POLICE DEPARTMENT



INTERN APPLICATION



YORKVILLE POLICE DEPARTMENT

INTERNSHIP PROGRAM

DESCRIPTION OF INTERNSHIP PROGRAM

The Yorkville Village Police Department Internship Program is intended to provide a comprehensive overview of the entire law enforcement process for full-time college students in junior or senior status.

MINIMUM REQUIREMENTS

EDUCATION STATUS/EXPERIENCE: The ideal applicant would be a full-time student with junior or senior status at an accredited college or university. Each applicant should have a minimum 2.5 cumulative grade point average (GPA) on a 4.0 scale and a strong interest in a career in law enforcement.

ARREST RECORD: Must be free from conviction of a Felony or Class A Misdemeanor.

COMPETITIVE SELECTION PROCESS

All appointments to Yorkville Internship Program are made on the basis of an open, competitive selection process conducted under the supervision of the Chief. Each applicant must successfully complete each stage of the selection process before becoming eligible to proceed to the next step.

The selection steps, in their order, are as follows:

ACADEMIC REFERRAL: Submit a written referral from the College/University Internship Coordinator, Advisor or Facilitator prior to being considered.

PRELIMINARY REVIEW: A review and detailed evaluation of the Internship Personal History Questionnaire and supporting documents will be conducted to determine if applicant meets the minimum recommended requirements for the position. A police record check will also be conducted.

BACKGROUND INVESTIGATION: A brief background investigation will be conducted on all internship applicants. This investigation may include all of the following: past employment record and reputation, personal and academic references, military record and criminal history (when applicable).

COORDINATOR'S INTERVIEW: A further evaluation to determine the candidate's overall fitness for the position, including professional appearance, self-expression, mental alertness and suitability for internship duties as well as the candidate's educational record and interest level in a law enforcement career.

SCHEDULING: Following the acceptance, the Supervisor, will coordinate the scheduling and assignments.

PROGRAM COMPLETION: The Supervisor, will provide written notification to the appropriate academic personnel that the intern has or has not successfully completed the program.

APPLICATION DEADLINES: Spring – November 15th; Summer – April 15th; Fall – July 31st.

APPLICANT DIRECTIONS

1. BEFORE YOU BEGIN, read the entire set of directions. Applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. USE BLACK INK PEN ONLY. Complete this form in your own handwriting or printing.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. If a question does not apply to you, write "N/A" (not applicable) in the space.
5. Additional space is provided on page 4 for answers that require clarification or further explanation. All entries on page 4 will begin with page, section number (Roman numerals) and question (letters A-G) you are explaining or clarifying.
6. Upon completion, the application must be returned to **Yorkville Village Police Department.**

VERIFICATION OF INFORMATION

THE INFORMATION REQUESTED ON THIS QUESTIONNAIRE WILL BE USED FOR REFERENCE BY THOSE WHO WILL BE CONSIDERING YOUR APPLICATION FOR INTERNSHIP WITH THE YORKVILLE VILLAGE POLICE DEPARTMENT. A BACKGROUND INVESTIGATION WILL BE CONDUCTED INTO YOUR PERSONAL HISTORY. ANY FALSE, MISLEADING OR INCOMPLETE INFORMATION SUBSTITUTED FOR ACCURATE INFORMATION WILL BE GROUNDS TO DISQUALIFY YOU FROM FURTHER CONSIDERATION IN THE APPLICATION PROCESS WITH THE YORKVILLE VILLAGE POLICE DEPARTMENT.

I CONFIRM THAT I HAVE READ AND THAT I UNDERSTAND THE ABOVE, AND THAT ALL STATEMENTS AND DOCUMENTS PRESENTED ARE TRUE, CORRECT, COMPLETE AND MADE IN GOOD FAITH.

Signature

Date



Yorkville Village Police Department

COUNTY OF ONEIDA



--	--	--

SSN

DATE OF BIRTH

Place of Birth

I _____ (Print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Yorkville Village Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, credit bureaus, schools and universities to furnish the Village, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Supervisor in order that the information be evaluated to assist in the determination of my suitability for police work.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the Yorkville Village Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the aforementioned information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of the Yorkville village police department and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires _____, 20_____.

Notary: _____

Signature (Applicant)

Address City/State/Zip



POLICE APPLICANT RECORD SEARCH



(THIS SECTION TO BE COMPLETED BY APPLICANT)

PLEASE PRINT

			DATE		
NAME				SEX	RACE
ADDRESS					
OTHER NAMES USED I.E., MAIDEN, ALIAS, ETC.					
CITY		STATE		ZIP CODE	
DATE OF BIRTH		PLACE OF BIRTH			
SOCIAL SECURITY NUMBER					
LICENSE PLATE NUMBER		STATE/YEAR			

(THIS SECTION TO BE COMPLETED BY THE SUPERVISOR)

RECORDS CHECKLIST

ALERT

NCIC RECORD

HISTORY

LICENSE PLATE

CORRECTIONS

V & T

SUMMONS

GANG MEMBER/ASSOCIATIONS

DIR

I. PERSONAL DATA

Note: Before you begin, read the entire set of directions on the Verification of Information page.

FULL NAME		LAST	FIRST	MIDDLE	HOME PHONE	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE	SCHOOL PHONE
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER			E-MAIL ADDRESS			MOBILE PHONE

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

B. PLEASE INDICATE POSITION FOR WHICH YOU ARE APPLYING:

C. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS? Yes No

II. REFERENCES

LIST TWO (2) CHARACTER REFERENCES WHO ARE NOT RELATIVES

1. NAME		PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS		CITY	STATE
			ZIP CODE
BUSINESS NAME AND ADDRESS			OCCUPATION
2. NAME		PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS		CITY	STATE
			ZIP CODE
BUSINESS NAME AND ADDRESS			OCCUPATION

D. ARE YOU ACQUAINTED WITH ANY YPD EMPLOYEES? IF "YES," PLEASE LIST: Yes No

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OR IN ANY FOREIGN COUNTRY? IF "YES," DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGE 4. Yes No

DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

B. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4. Yes No

C. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4. Yes No

IV. EDUCATION AND SKILLS

A. CHECK APPROPRIATE BOXES AND SPECIFY WHERE NECESSARY:

GED/HIGH SCHOOL
 3-31 COLLEGE CREDIT HOURS
 32-63 COLLEGE CREDIT HOURS
 64-119 COLLEGE CREDITS
 BACHELOR'S DEGREE _____
 POST GRADUATE DEGREE _____

IV. EDUCATION AND SKILLS (cont)

B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH & YEAR ATTENDED		NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE
FROM	TO					

C. SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING LICENSES, CERTIFICATIONS AND GENERAL CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:

D. ADVISOR/INTERNSHIP COORDINATOR	PHONE NUMBER	E-MAIL ADDRESS
-----------------------------------	--------------	----------------

E. STUDENT ASSOCIATIONS/ACTIVITIES:

F. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4. Yes No

G. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4. Yes No

V. EMPLOYMENT HISTORY

IF YOU ARE EMPLOYED, LIST YOUR EMPLOYMENT INFORMATION FOR THE PAST FIVE YEARS. IF MORE SPACE IS REQUIRED, USE SPACE PROVIDED ON PAGE 4. IF APPLICABLE, MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

1. EMPLOYER		ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER		
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE	
FROM:	TO:	START:	FINAL:		
WORK PERFORMED		SUPERVISOR		CO-WORKER	
REASON FOR LEAVING					

2. EMPLOYER		ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER		
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE	
FROM:	TO:	START:	FINAL:		
WORK PERFORMED		SUPERVISOR		CO-WORKER	
REASON FOR LEAVING					

VI. ORGANIZATIONAL MEMBERSHIP

ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB WHICH WAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF NEW YORK, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4. Yes No

VII. NARCOTIC AND LIQUOR USAGE

A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4. Yes No

B. WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4. Yes No

VIII. MARITAL STATUS/FAMILY MEMBERS

A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON PAGE 4 IF EXPLANATION IS NECESSARY.

- SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FIANCE(E) OR SPOUSE:

Table with columns: NAME (INCLUDE MAIDEN NAME), DATE OF BIRTH, ADDRESS, CITY, STATE, ZIP CODE, PHONE #, ANTICIPATED DATE OF MARRIAGE

B. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE?) IF "YES," EXPLAIN.

- Yes No

IX. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN NEW YORK OR ANY OTHER STATE OR COUNTY.

Table with columns: STATE, TYPE OF LICENSE, STATE OPERATOR'S LICENSE NUMBER, EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? IF "YES," EXPLAIN.

- Yes No

C. LIST ALL DRIVING CITATIONS/TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT, BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.

Table with columns: MONTH/YEAR, CHARGE, CITY/STATE, ISSUING AGENCY/DEPT, DISPOSITION

D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).

Table with columns: YEAR, MAKE, MODEL, VEHICLE LICENSE NUMBER, STATE

E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST THREE YEARS? EXPLAIN CIRCUMSTANCES OF EACH

Large empty text area for providing details on traffic accidents.

APPLICATION CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION, OR EXPLAIN FULLY WHY THEY ARE NOT INCLUDED. ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE **ONEIDA COUNTY SHERIFF'S OFFICE** AND WILL **NOT** BE RETURNED.

1. Completed Verification of Information page.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Completed Certificate of Applicant and Authorization for Release of Information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Police Applicant Record Search.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Copy of birth certificate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Copies of all educational transcripts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Copy of your Driver's License.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Copy of your Social Security card.	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU ARE UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT NUMBER	REASON FOR EXCLUSION