

City of Milford, Connecticut

DEPARTMENT OF POLICE

430 Boston Post Road * Milford, CT 06460-2570

Telephone (203) 878-6551

APPLICATION FOR INTERNSHIP

NAME OF APPLICANT: _____

APPLICANT: a copy of the following, if applicable, must be submitted with your application for employment:

1. Birth Certificate
2. High School Diplomas or Equivalency
3. College Internship Document(s)
4. Connecticut Motor Vehicle Operator's License
5. Motor Vehicle Operator's License other Than Connecticut
6. Social Security Number

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ALL REQUIRED DOCUMENTS FOR OFFICE USE ONLY:

1. Birth Certificate _____
2. High School Diplomas _____
3. College Documents _____
4. Operator's License _____
5. Motor Vehicle Operator's License
other State(s)(If Applicable) _____
- 6 Social Security Number _____

DATE APPLICATION RECEIVED _____ TIME RECEIVED _____
RECEIVED BY _____

IF SPACE AVAILABLE FOR ANSWERING ANY QUESTION IS INSUFFICIENT, USE SEPARATE SHEET.

MARITAL STATUS:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

If married, spouse's full name, maiden name and address prior to your marriage:

Spouse's Full Name Maiden Name Date of Birth Street City State Zip Code

Spouse's Address, if not the same as yours:

Street City State Zip Code

Date and place of marriage:

Date Street City State Zip Code

Any other person(s) who reside at your residence

Name Date of Birth Relationship

List chronologically all of your past residences, other than present: (Use supplemental sheet if necessary)

1. _____
Street City State Zip Code
From _____ to _____
Date Date

2. _____
Street City State Zip Code
From _____ to _____
Date Date

3. _____
Street City State Zip Code
From _____ to _____
Date Date

IF SPACE AVAILABLE FOR ANSWERING ANY QUESTION IS INSUFFICIENT, USE SEPARATE SHEET.

EMPLOYMENT:

List chronologically, **your LAST TWO EMPLOYMENTS**, including summer and part-time employment, paid or unpaid.

1. Name _____ From _____ To _____
Salary _____ Kind of Work _____
Name of Immediate Supervisor _____ Phone No. _____
Name of President/ Dept. Head _____
Address _____
Street City State Zip Code
Reason for Leaving _____

2. Name _____ From _____ To _____
Salary _____ Kind of Work _____
Name of Immediate Supervisor _____ Phone No. _____
Name of President/ Dept. Head _____
Address _____
Street City State Zip Code
Reason for Leaving _____

EDUCATION:

Elementary School _____ Location _____

Junior High School _____ Location _____

High School _____ Location _____
Name City State Zip Code

Dates Attended: _____ to _____

Diploma Received? _____

College _____

Location _____

Date of Diploma or Degree _____

Major _____ Minor _____

Name Of Internship Advisor / Counselor _____

Phone Number (_____) _____

Emergency Contact Name: _____

Phone Number: (_____) _____

Relationship: _____

CRIMINAL RECORD:

Have you ever been arrested for, or convicted of any crime? Yes _____ No _____
If yes, give complete details, including dates of arrest(s) and hearing(s), location of offense(s), charge(s), details of incident(s) and disposition.

Motor Vehicle Record

Have you been arrested or convicted of a motor vehicle offense or received a motor vehicle infraction, citation, summonses, ticket?
Yes _____ No _____. If yes, list the offense(s), date(s), location(s), and disposition(s).

<u>Offense</u>	<u>Date</u>	<u>Location</u>	<u>Disposition</u>

Notice to Applicants:

- 1. The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Section 46B-146, 54-760 or 54-142A (e.g. nolle, dismissed, pardoned).**
- 2. That criminal records subject to erasure pursuant to Section 46B, 54-760 or 54-142A are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and**
- 3. That any person whose criminal records have been erased pursuant to Section 46B-146, 54-760 or 54-142A shall be deemed to have never been arrested within the meaning of the General Statutes with respect to the proceedings so erased and may so swear under oath.**

FULL DISCLOSURE

Is there anything in your past or present, not specifically asked in this questionnaire, which, if it became known, would embarrass you, your school or the Department so as to possibly cause you to compromise the integrity of the Milford Police Department or any of its investigations.

NOTE: The answer to this question in and of itself will not preclude you from being an intern. It is merely being asked to fully appraise the Department of your background and prevent the possibility of compromising you in the future because of the Department's full and complete knowledge of you.

Yes _____ No _____. If yes, please explain: _____

GENERAL INFORMATION:

Are you a licensed Connecticut motor vehicle operator? Yes _____ No _____

If yes, type: _____ License # _____

Have you ever possessed any operator's license, other than listed above? Yes _____ No _____

If yes, state: _____ License # _____

Date: From: _____ to _____

Have you ever had any of the above operator's license(s) or motor vehicle registration(s) suspended or revoked for any reason? Yes _____ No _____

Reason for suspension/revocation _____

State _____ Date of suspension/revocation _____

Are you presently applying or have you ever applied for employment or internship with any other law enforcement agency?

Yes _____ No ___ Year Applied _____

If yes, List agencies or employers below:

Have you ever been refused appointment/employment/internship with any law enforcement agency. Yes _____ No _____

If so, identify agency and date, and state reason of refusal:

Have you ever applied for a permit to carry a firearm or dangerous weapon?

Yes _____ No _____ If yes, give date and location: _____

Are you or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our Constitutional form of government or which has adopted the 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 which seeks to alter the form of Government of the United States by unconstitutional means?

Yes _____ No _____

If yes, what organization and what is your association with it? _____

Date

Name Printed

Signature

Subscribed and sworn to before me on this date _____

Notary Public

City of Milford, Connecticut

DEPARTMENT OF POLICE

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AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any duly authorized agent of the Milford Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts and loans, also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veterans Administration; public utilities, employment and pre-employment records, including background reports, polygraph exam, efficiency ratings, complaints, disciplinary matters and/or grievances filed by or against me and salary records; real and personal property tax statements and records wherever filed; records of complaints, arrest, trial and/or traffic records; probation records; records of complaints of a civil nature made by or against me, where ever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in a case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Milford Police Department to consider in determining my suitability for internship by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for internship by the Milford Police Department.

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

Dated: _____ Signature: _____ D.O.B. _____

Address: _____ Social Security No: _____

Subscribed and Sworn to before me this _____ day of _____ 20 _____.

Seal

Notary Public – Justice of the Peace