



Department of Public Safety  
Community Supervision

COLLEGE INTERN APPLICATION

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

College Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Citizenship Status (Check one): U.S. \_\_\_\_\_; Permanent Resident \_\_\_\_\_; Student Visa \_\_\_\_\_; Type \_\_\_\_\_

Name of Parent, Spouse or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Geographic preferences for internship: \_\_\_\_\_

When are you available to start an internship? \_\_\_\_\_

Number of hours available to work per week: \_\_\_\_\_

Education:

Enrolled in College/University: \_\_\_\_\_

College Advisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is this internship part of your course requirements and will you receive course credit?  Yes  No

Graduate Student  Junior  Senior Major: \_\_\_\_\_ Minor: \_\_\_\_\_

GPA (must have 2.0 or higher) \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Other education or vocational training, if any: \_\_\_\_\_

Honors or awards received: \_\_\_\_\_

Employment:

Present: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous: \_\_\_\_\_ Phone #: \_\_\_\_\_

Clubs or professional organizations you are a member of, extra circular activities:

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What are your career goals? \_\_\_\_\_

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What are your objectives for interning with Community Supervision?

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Will you accept an internship on a non-paid basis?  Yes  No

Do you have a prior or current criminal record to include traffic violations?  Yes  No

If yes, please explain: (if accepted to the internship program, Community Supervision will conduct a criminal background check)

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

\_\_\_\_\_ Date

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application or dismissal if I am selected to be an intern and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Submit this application, letter of recommendation from your college advisor and one character reference letter to:

Community Supervision  
Millette, Internship Program Administrator  
[Lori.Millette@ncdps.gov](mailto:Lori.Millette@ncdps.gov)  
2020 Yonkers Road  
Raleigh, NC 27699  
919-716-3122

This form may be sent directly to the Judicial District you desire an internship with.