Application Instructions:
Applicants MUST have an official letter from their schools’ intern coordinator or advisor stating eligibility for the internship program and an official transcript along with a completed application.

The applicant must provide complete and current information including zip codes, telephone numbers with area codes and email addresses.

Failure to comply with any instructions, including due date, may result in disqualification for that semester.  
If you have any questions or updates, please contact the intern coordinator at:
E-mail interncoordinator@nashville.gov
Recruitment office (615) 862-7341
Toll free 1-888-638-7633
Section 1: Personal Data

Date: __________________

Last Name _______________  First Name _______________  Middle Name _________

Any other previous or nicknames used __________________________________________

Social Security No. __________________________

Date of Birth ___________  Place of Birth ______________________________________

Are you a U.S. citizen   Yes____   No____

Are you a Naturalized citizen   Yes____   No____

If naturalized, give date and court of naturalization. Attach naturalization documentation

Race________________    Sex________________

Height_________    Weight_________    Eye Color_________    Hair Color_________

Scars, tattoos, and/or distinguishing marks or features _____________________________

________________________________________________________________________

Current Mailing Address:_______________________________________________________

________________________________________________________________________

Permanent Address: ___________________________________________________________

________________________________________________________________________

Telephone Numbers: Home (_____)_____________  Cell (_____)___________________

Work (_____)_____________

E-mail Address
___________________________________________________________

Personal Web Page/ Facebook or MySpace_________________________________________
List all residences (complete addresses) since the age of 17. List current resident first

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<th>From Mo/ Yr</th>
<th>To Mo/ Yr</th>
<th>Address (include city, state, zip code)</th>
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**Section 2: Education**

From what high school and year did you graduate (name, address, & phone number)

Year _______ __________________________

| School Name: ________________________________ |
| School address: ________________________________ |
| Dates attended: (From) ___________________ (To) __________________ |
| Hours Completed ___________________ G.P.A __________________ |
| Major __________________________ Minor __________________ |
| Degree Earned ________________________________ |

| School Name: ________________________________ |
| School address: ________________________________ |
| Dates attended: (From) ___________________ (To) __________________ |
| Hours Completed ___________________ G.P.A __________________ |
| Major __________________________ Minor __________________ |
| Degree Earned ________________________________ |
Other internships attended:
Company/ Organization name: ________________________________________________
Dates Attended: ____________________________________________________________

Was there disciplinary action taken against you in previous internships or externships?
Yes ______ No________
If Yes please explain: ________________________________________________________

Company/ Organization name: ________________________________________________
Dates Attended: ____________________________________________________________

Was there disciplinary action taken against you in previous internships or externships?
Yes ______ No________
If Yes please explain: ________________________________________________________

Section 4: Military Experience
Where you ever in any branch in the U.S. Armed Forces? Yes _____ No ____
If yes what branch? _________________________________________________________

Selective Service Number (if born after January 15th, 1960)________________________
If unknown, call 1-847-688-3117 to obtain

Branch of Service: __________________________________________________________
Start Date _____________________________ End Date _____________________________
Highest Rank Attained ___________________ Specialization _____________________
Duties:  __________________________________________________________

Branch of Service: __________________________________________________________
Start Date _____________________________ End Date _____________________________
Highest Rank Attained ___________________ Specialization _____________________
Duties:  __________________________________________________________
Section 3: Employment
Begin with your most recent employer and continue in reverse chronological order. If you have been disciplined at any place of employment explain in detail.

Employer: ________________________________________________________________
Address: ________________________________________________________________
(City) (State) (Zip)
Supervisor ________________________________ Phone (___) ______________________
Position ________________________________________________________________
Start date __________ End date ____________ Hours worked per week ____________
Duties ________________________________________________________________
Reason for leaving ________________________________________________________

Disciplinary Actions ______________________________________________________
________________________________________________________________________

Employer: ________________________________________________________________
Address: ________________________________________________________________
(City) (State) (Zip)
Supervisor ________________________________ Phone (___) ______________________
Position ________________________________________________________________
Start date __________ End date ____________ Hours worked per week ____________
Duties ________________________________________________________________
Reason for leaving ________________________________________________________

Disciplinary Actions ______________________________________________________
________________________________________________________________________

Employer: ________________________________________________________________
Address: ________________________________________________________________
(City) (State) (Zip)
Supervisor ________________________________ Phone (___) ______________________
Position ________________________________________________________________
Start date __________ End date ____________ Hours worked per week ____________
Duties ________________________________________________________________
Reason for leaving ________________________________________________________

Professional skills: (i.e. Microsoft Excel, Power Point, Word, etc.)_________________
________________________________________________________________________
Section 5: Driving Record Information
Driver’s License Number _______________________  State ______________________
Expiration date ____________________
Is it currently Valid Yes_____ No_____
If suspended, revoked list the dates and reasons why suspended/ revoked. _______
______________________________________________________________________________
______________________________________________________________________________
Section 6: Arrest History
Have you EVER been arrested for a criminal offense, felony, misdemeanor, or misdemeanor citation, or had any charges expunged? Yes_____ No_____
If yes, explain in detail _____________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Have you EVER been convicted, plead guilty, or entered a plea of nolo contendre for a criminal offense, felony, misdemeanor, or misdemeanor citation, or had any charges expunged? Yes_____ No_____
If yes, explain in detail _____________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Are there any charges pending against you at this time? Yes_____ No_____
If yes, explain in detail _____________________________________________________
______________________________________________________________________________
Section 7: References
List two people who we may contact who are not related to you, but who would have knowledge of your qualifications as it relates to this internship.

Name _________________________________________
Complete mailing address___________________________________________________
Phone____________________
In what capacity does this person know you? ___________________________________
E-mail address ________________________________

Name __________________________________________________________________
Complete mailing address___________________________________________________
Phone____________________
In what capacity does this person know you? ___________________________
E-mail address _______________________________________
Section 8: Additional Information
What semester are you applying for? Fall _______  Spring _______  Summer _______
Number of hours required for internship? __________________
Number of weeks allowed to acquire needed hours _____________
School Intern Advisor’s Name ____________________ Phone number (____)__________
Some assignments will require shift work, what hours will you NOT be available? _____
_________________________________
________________________________________

Section 9: Personal Questionnaire
If any of these questions are answered YES, attach a full detailed explanation referencing the section and question number. (Particularly describe dates, circumstances, and frequency.)

If associated with any organization, also include nature and extent of the association, including office or position held. If associations have been with individuals who are members of these organizations, then list the individual and the organizations with which they were or are affiliated.

YES  NO
1. _____ _____ Are you now 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 law or the Constitution of the United States by unlawful or unconstitutional means? If yes, explain in detail.

2. _____ _____ Are you now associating with or have associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any organizations described? If yes, explain in detail.

3. _____ _____ Have you ever been engaged in any of the following activities of any organization of the type described previously in question 2: contribution(s) to, attendance of or participation in any organization, social, or other activities of said organizations or any projects sponsored by them: the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities? If yes, explain in detail.
4. ______ Have you ever done anything to harm, insult, or frighten another person because of that person’s race, gender, sexual preference, nationality, or religion? If yes, explain in detail.

5. ______ Have you ever applied for a permit to carry a concealed weapon? If yes, explain in detail.
   Name of Agency: __________________________________________
   Reason for Permit: _________________________________________
   Was permit granted? __________________

6. ______ Have you ever been the subject of any criminal or civil rights investigation? If yes, explain in detail.

7. ______ Have you ever been stopped, questioned, or arrested for driving while intoxicated, driving while impaired, or driving under the influence of alcohol or any controlled substance, whether you were arrested or not? If so, explain in detail.

8. ______ Do you routinely consume alcoholic beverages or use drugs? If so, explain the circumstances and the setting – include the type of drink or drugs used, and how much used in an average week.

9. ______ Have you ever used drugs or drank alcoholic beverages while on the job anywhere? If so, explain in detail.

10. ______ Have you ever used illegal drugs? If yes, what types have you used; how many times have you used them, and when was the last time you used them.

11. ______ Have you ever sold or participated in the sale of any kind of narcotic, dangerous drug, or marijuana? This includes but is not limited to: marijuana, cocaine, crack cocaine, anabolic steroids, ecstasy, LSD. If yes, explain in detail to include the last time you sold, kind of drug, and how many times.
12. _____ _____ Did you ever deliver, pick up, send, hide, keep or in any other way handle any narcotic, dangerous drug, or marijuana that belonged to you or someone else? This includes but is not limited to: marijuana, cocaine, crack cocaine, anabolic steroids, ecstasy, or LSD. If yes, explain in detail.

13. _____ _____ Have you ever been present when someone else was selling, or buying a narcotic, dangerous drug, or marijuana? This includes but is not limited to: marijuana, cocaine, crack cocaine, anabolic steroids, ecstasy, or LSD. If so, explain in detail.

14. _____ _____ Have you ever used, bought, sold or gave away any prescription drugs not lawfully prescribed to you. If yes, explain in detail.

15. _____ _____ Have you ever purchased alcoholic beverages for a minor? If yes, explain in detail.

16. _____ _____ Have you ever stolen money? If yes, explain in detail to include the amount of money and the circumstances.

17. _____ _____ Have you ever shoplifted anything at any time in your life? If so, explain in detail.

18. _____ _____ Have you ever stolen a gun or weapon of any kind? If so, explain in detail.

19. _____ _____ Did you ever steal or help someone else steal any kind of vehicle? If so, explain in detail.

20. _____ _____ Did you ever ride in a vehicle you suspected or know to be stolen? If so, explain in detail.

21. _____ _____ Have you ever unlawfully forced entry into any room, building, or residence of any kind in your life? If so, explain in detail.

22. _____ _____ Have you ever robbed anyone or were you ever with someone else
who robbed someone? If yes, explain in detail

23. _____ _____ Have you ever been involved in a fight? If yes, explain in detail to include the last time you were involved.

24. _____ _____ Have you ever been involved in or witnessed any kind of murder or any other type of killing? If yes, explain in detail.

25. _____ _____ Have you ever been involved in or been accused of any type of forced sexual act? If yes, explain in detail.

26. _____ _____ Have you intentionally ever viewed, downloaded or possessed materials containing sexually explicit pictures of minors? If yes, explain in detail.

27. _____ _____ Do you have any racial, ethnic, religious, sexual or other prejudices that will affect your job performance? If yes, explain in detail.

28. _____ _____ Have you ever committed or been involved in cruelty to animals? If so, explain in detail.

29. _____ _____ Have you ever committed or been involved in the violation of any firearm law or regulation? If yes, explain in detail.

30. _____ _____ Have you ever committed or been involved in vandalism, fraud, forgery, harassment, arson, bigamy, bribery, extortion, prostitution, theft, illegal numbers, unlawful gambling, trespassing, false alarms, embezzlement, illegal eavesdropping, or impersonation of a law enforcement officer? If so, explain in detail.

31. _____ _____ Have you ever been on parole or probation for any reason? If so, explain in detail.

32. _____ _____ Have you ever been the subject of a disciplinary investigation at
work, at a volunteer or other unpaid position, in the military, or in school? If so, explain in detail.

33. _____  _____ Have you ever committed a crime for which you were not caught? If yes, explain in detail

34. _____  _____ Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? If yes, explain in detail.

35. Describe how this internship will benefit you and list your career goals:

________________________________________________________________________
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Intern Certification and Release of Information Form

I understand that any false or omitted information I record on the application will be sufficient reason for rejection of this application or termination of my intern status.

In addition, I authorize and request former employees, schools, individual agencies, organizations or law enforcement agencies, to answer any and all questions that may be asked and do hereby withhold such persons harmless for giving any information within their knowledge or record.

Intern Signature: ___________________________ Date: _________________