



PINE COUNTY INTERNSHIP APPLICATION

Intern ID Number

The information on this application will help us assess your qualifications. Please read the questions carefully and complete all sections as applicable. Your application should be accompanied by a cover letter and resume.

Name _____ Home Phone: _____
Last First MI

Address _____
Street City/State Zip

College Information

College Major/Minor Year in Program Overall GPA

Advisor Name Department Phone

Future Career Goal _____

Day(s)/Times Available(Circle day(s)/note times): S/____ M/____ T/____ W/____ R/____ F/____ S/____
Date Available to start: _____ Minimum 400 hours required Approximate End date: _____

List experience/training/education related to probation/corrections/criminal justice:

List community service organizations or clubs to which you belong:

List hobbies and special interests:

Are you a licensed driver: YES NO Drivers License Number: _____

Insurance Company: _____ Agent _____ Policy # _____

Drivers' License: Operator ____ CDL-A ____ CDL-B ____ CDL-C ____

Certifications: CPR ____ First Aid ____ Other _____

Do you require any special accommodations, if so, please specify:

References:

Name _____ Phone _____ Years Acquainted _____ Relationship _____
Name _____ Phone _____ Years Acquainted _____ Relationship _____
Name _____ Phone _____ Years Acquainted _____ Relationship _____

I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from service. I hereby authorize investigation of all statements I have made herein. I authorize the companies or persons named herein to give any information regarding my past employment, together with any information that they have regarding me, whether or not it is on their records. I hereby release said companies or persons and Pine County from all liability for any damages whatsoever for issuing or obtaining this information. In the event that I am selected for service by Pine County, I agree to comply with all its policies, rules and regulations.

Applicants Signature: _____ Date: _____



Pine County

INFORMED CONSENT FORM

The following named individual has made application with the County of Pine for volunteer services:

Last Name of Applicant (please print): _____

First Name (please print): _____

Full Middle Name (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M) or (F) (please circle one)

Social Security Number: _____

Length of Residence in the State of Minnesota: _____(Years/Months)

I authorize the Minnesota Bureau of Criminal Apprehension, Department of Vehicle Services and local law enforcement to disclose all criminal history record information to Pine County Probation for the sole purpose of consideration as an intern with the department. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant: _____ Date: _____

Notary: _____

CONFIDENTIALITY STATEMENT

I, _____ understand that I may be held legally liable, as well as being subject to dismissal for releasing private or confidential information without having been given the specific authority to do so.

For the purpose of this internship, private and confidential information is defined as any information regarding an adult or juvenile offender (past or current) that has been assigned to this agency for supervision or services.

Signature of Applicant: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Copy to:

Pine County Office- Department Specific

635 Northridge Dr NW

Pine City, MN 55063

Phone: 320/591-1400

Fax: 320/591-1628

Toll Free: 1-800-450-7463