

GREENE COUNTY ADULT PROBATION DEPARTMENT
45 N. DETROIT STREET, ROOM 7, XENIA, OHIO 45385
PHONE (937) 562-5266 FAX (937) 562-5288

INTERNSHIP PROGRAM APPLICATION

PERSONAL DATA

Name (Last, First, Middle): _____

Other Names Used for Employment Purposes: _____

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ State of Issuance: _____

CURRENT ADDRESS

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

PERMANENT ADDRESS

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

DESIRED INTERNSHIP PLACEMENT

Semester for Placement: Spring Summer Fall Winter

Is this internship for: Credit Non-credit

How many credit hours will you receive? _____

Who is your faculty internship advisor? _____

What is their telephone number? _____

What is their email address? _____

What is the total amount of hours you will be required to complete: _____

What days would you prefer to work? Mon Tue Wed
 Thu Fri No Preference

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EDUCATION AND TRAINING

College status (check one): Undergraduate Graduate
Classification Status: Sophomore Junior Senior
 1st Year Graduate 2nd Year Graduate

College/University: _____
Major: _____ Minor: _____
Number of Semester Hours: _____ Number of Quarter Hours: _____
Dates attended (month/year): From: _____ To: _____ GPA: _____
Degree: _____

College/University: _____
Major: _____ Minor: _____
Number of Semester Hours: _____ Number of Quarter Hours: _____
Dates attended (month/year): From: _____ To: _____ GPA: _____
Degree: _____

Do you have any special skills, accomplishments, or awards (*specify*)? Yes No

Have you attended any other schools or training such as trade, vocational, Armed Forces, or business
(*please list*)? Yes No. _____

List any special equipment or machines you can operate: _____

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List computer software in which you have skills, including word processing, spreadsheet and database programs. Please indicated the name of the specific software: _____

List special clerical skills, including typing: _____
_____ Speed: _____

EMPLOYMENT HISTORY

List your paid and unpaid work experience for the past five (5) years. Start with your present or last job and attach extra copies of this page if additional space is needed.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone Number: _____

Job Title: _____

Dates of Employment (month/year): From: _____ To: _____

Reason for Leaving: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone Number: _____

Job Title: _____

Dates of Employment (month/year): From: _____ To: _____

Reason for Leaving: _____

Employer: _____

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Street Address: _____
City: _____ State: _____ Zip Code: _____
Supervisor: _____ Phone Number: _____
Job Title: _____
Dates of Employment (month/year): From: _____ To: _____
Reason for Leaving: _____

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BACKGROUND INFORMATION

You must answer each question in this section before we can process your application.

- A. Have you ever been:
- 1) arrested for any crime? Yes No
 - 2) charged with a crime Yes No
 - 3) convicted of a crime Yes No
- B. Have you ever been discharged from a position or asked to resign under the threat of discharge?
 Yes No

If you answered "Yes" to "A" or "B" please explain in detail: _____

- C. Do you have the legal right to live and work in the United States: Yes No
- D. Do you have any relatives employed by the County: Yes No
- E. Are any of your family members and/or friends currently on probation (community control); parole (transitional control); or incarcerated? Yes No
- If yes, please list the name of the individual and the supervising agency. _____

MILITARY EXPERIENCE

Have you ever served on active duty with the military: Yes No

Branch of Service: _____

Date of Entry _____ Date of Discharge _____

Type of Discharge: _____

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EMERGENCY CONTACT INFORMATION

Name of Contact _____ Relationship _____
Street Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Mobile Phone: _____

REFERENCES

Please list three references that are not relatives and who do not live with you.

1. Name _____ Phone Number _____
Relationship _____ Profession _____
2. Name _____ Phone Number _____
Relationship _____ Profession _____
3. Name _____ Phone Number _____
Relationship _____ Profession _____

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RELEASE AND AUTHORIZATION

Please Read Carefully

I certify the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand if this application is not completed in full, it will not be processed, and I will be automatically disqualified.

I hereby authorize the Greene County Adult Probation Department and its authorized representative(s), or employee(s), bearing this release or copy thereof, to obtain information pertaining to my employment; education records (including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records; medical records; and psychological and psychiatric records.

In the event I am offered an internship, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of when such information is discovered. I understand, also, I am required to abide by all rules and regulations of the Adult Probation Department, the Common Pleas Court, and Greene County. By signing this application for internship, I acknowledge I can perform the essential functions for the internship, with or without reasonable accommodation.

By signing this waiver, I expressly authorize the Greene County Adult Probation Department and its authorized representative(s), or employee(s), bearing this release or copy thereof, to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions, so my qualifications for internship may be reviewed.

Authorizing Signature (Full Name)

Full Name – Printed

Date of Signature