

SOUTHAMPTON TOWN POLICE DEPARTMENT INTERNSHIP PROGRAM APPLICATION



Date of Application: _____

Name (Last, First, Middle): _____ Maiden Name/ AKA: _____

Date of Birth: _____ Social Security Number: _____ Gender: Male or FEMALE (circle one)

Driver's License #: _____ Expiration Date: _____ State: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____

*****Please indicate best number to reach you*****

Email: _____ Referred By: _____

EDUCATION INFORMATION

Name of College or University: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Professor Name: _____ Professor Contact: _____

Do you have any past arrests, convictions, or pending court cases? (Circle one) YES NO

If Yes:

Date: _____ Agency Name: _____ Charge: _____ Disposition: _____

BACKGROUND/CRIMINAL CHECK AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the Southampton Town Police Department any and all information which said agencies have about me for the purpose of aiding the Southampton Town Police Department in evaluating my eligibility for participation in the Internship Program. I understand that I will not receive and am not entitled to know the contents of the confidential reports received from these agencies. I hereby release, discharge and agree to hold harmless the Southampton Town Police Department, associated law enforcement agencies, their agent and any person(s) furnishing information from any and all liability arising out of furnishing and examining said documents and/or information.

Signature of Applicant: _____ Date: _____

Print Name: _____

PLEASE ATTACH PHOTOCOPY OF DRIVERS LICENSE OR PHOTO ID AND MAIL YOUR COMPLETED APPLICATION TO:

SOUTHAMPTON TOWN POLICE DEPARTMENT
110 OLD RIVERHEAD ROAD, HAMPTON BAYS, NY 11946
ATTN: LT SUSAN RALPH
(631)702-2247