



North Carolina State Crime Laboratory

Application for Student Internship

Personal Information

Name: _____ DOB: _____
Last First Middle

SSN: _____ Sex: M F Race: _____

Driver's License Number: _____ State: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Current Address: _____

Permanent Address: _____

If your answer to questions 1 or 2 below is yes, please discuss in detail on an attached page:

1. Have you ever been convicted of a crime? Y N
2. Have you ever possessed or used an illegal drug? Y N

Internship Preferences

Desired Semester: Spring Summer Fall

In the preferred location/section boxes, please rank them in the order of your interest, with 1 being the highest interest. Do not rank any locations where you cannot work or sections in which you have no interest.

| | | | | | | |
|---------------------|--------------------------|-----------------------------|--------------------------|--------------------|--------------------------|---------------------|
| Preferred Location: | <input type="checkbox"/> | Raleigh | <input type="checkbox"/> | Triad (Greensboro) | <input type="checkbox"/> | Western (Asheville) |
| Preferred Section: | <input type="checkbox"/> | Biology | <input type="checkbox"/> | Firearms | <input type="checkbox"/> | Latent Print |
| | <input type="checkbox"/> | Digital Evidence | <input type="checkbox"/> | Trace Evidence | <input type="checkbox"/> | Evidence Control |
| | <input type="checkbox"/> | Drug Chemistry / Toxicology | | | | |

Proposed Project: _____

School Information (add additional sheets as needed)

College / University: _____ Major: _____

Earned Credit Hours: _____ Expected Graduation Date: _____ Degree Type: _____

Advisor / Counselor: _____ Phone Number: _____

Will you be receiving course credit for the internship? Y N Number of Credit Hours: _____

College / University: _____ Major: _____

Earned Credit Hours: _____ Graduation Date: _____ Degree Type: _____

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Earned Credit Hours: _____ Graduation Date: _____ Degree Type: _____

Work Experience (add additional sheets as needed)

Employer: _____ Job Title: _____
Supervisor Name: _____ Supervisor Phone Number: _____
Dates of Employment: _____
Duties: _____

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Duties: _____

Signature

The information I have provided on this application is correct and true to the best of my knowledge. I am aware that knowingly providing false information on this document could result in the immediate rejection of my application.

Signature: _____ Date: _____