North Carolina



State Bureau of Investigation

COLLEGE INTERNSHIP APPLICATION

Revised 9/24/2020

Personal Information

Name:                   DOB:

(Last) (First) (Middle)

SS Number:       Driver License # State:       Race:       Sex:

Current Address:

Permanent Address:

Phone:       Email 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 arrested, detained or convicted of a crime? Yes: [ ]  No: [ ]

2. Have you ever possessed or used an illegal drug? Yes: [ ]  No: [ ]

Preferred Internship Date (specify semester and year): Spring:       Summer:       Fall:

Geographic Location(s) Preferred: (1)       (2)

Preferred Assignment(s): Admin: [ ]  Field: [ ]

School Information

College or University:

Intern Counselor/Advisor:       Telephone Number:

Major:       Earned Credit Hours:       Expected Graduation Date:

Internship Course Credit: Yes: [ ]  No: [ ]  If yes, how many credit hours:

Specify Research Paper or Project, if applicable:

Work Experience

Employer:       Job Title:

Supervisor Name:       Supervisor Phone Number:

Dates of Employment:

Duties:

Employer:       Job Title:

Supervisor Name:       Supervisor Phone Number:

Dates of Employment:

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.

Intern Signature: Date: