



CITY OF TAMPA

Jane Castor

POLICE DEPARTMENT

Brian Dugan
Chief of Police

COLLEGE INTERN APPLICATION

Date: _____

Name: _____

DOB: _____ Last First Middle
Race: _____ Sex: _____

Address: _____
Street City FL Zip Code

Phone (Home): () _____ Phone (Cell): () _____ Email _____

Institution Name: _____

Requested Internship Semester/Date(s): _____ Patrol Or Forensics _____

1. Are you a United States Citizen?: Yes ☐ No ☐

2. Have you ever been in the military?: Yes ☐ No ☐ Branch: _____
Type of Discharge: Honorable ☐ Dishonorable ☐

3. Have you ever been arrested or charged with any crime?: Yes ☐ No ☐
If yes, please explain _____

4. Have you ever paid for an illegal sex act?: Yes ☐ No ☐ If yes, please explain _____

5. Have you ever had any involvement with child pornography?: Yes ☐ No ☐
If yes, please explain _____

6. Have you ever used, tried, possessed, or experimented with marijuana? Yes ☐ No ☐
If yes, give dates (first and last time) and number of times _____

7. Have you ever used, tried, possessed, or experimented with any other illegal drugs: (opiates, cocaine, heroin, barbiturates, amphetamines, hallucinogens, steroids, hashish, etc?)
Yes ☐ No ☐ If yes, (type of illegal drug, dates and number of times) _____

8. Have you ever sold or delivered any amount of illegal drugs: (marijuana, cocaine, hashish, heroin, etc?) Yes ☐ No ☐
If yes, (type of illegal drugs, number of times and dates) _____

9. Have you ever been involved in any other criminal activity that has not been detected?
Yes ☐ No ☐ If yes, please explain _____

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