

COLLEGE INTERN APPLICATION

Date: Name:	Last			Final				. a:		
Date of Birth Address:	Last i:		First Race:		Se	Middle Sex:				
	Street e):	Ph	one (Cell):	City	Em	FL nail		Zip Code	9	
Institution N	ame:			Reque	ested Sem	nester/Dat	ce(s):			
Patrol Or For	rensics									
1. Are you a	United State	es Citizen?	Yes	No						
2. Have you	ever been in	the Military	? Yes	No	Branch:					
Type of Disch	harge:	Honorable	Dishono	rable						
3. Have you of If yes, please		rested or ch	arged with a	any crime	e? Ye	s No				
4. Have you of	-	r an illegal se	ex act?	Yes	No					
5. Have you of the second seco		y involvemer	nt with child	pornogr	aphy?	Yes	No			
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 obarbiturates, If yes, (type of	, amphetam	ines, hallucir	nogens, ster	oids, has	-	_	_	(opiates, Io	cocaine,	heroir
8. Have you o		delivered ans, (type of ill	=	_		-		shish, he	roin, etc.î	?
9. Have you o		volved in an	y other crim	inal activ	vity that h	as not bee	en detect	ed?	Yes	No