City of Milford, Connecticut

DEPARTMENT OF POLICE

430 Boston Post Road * Milford, CT 06460-2570 Telephone (203) 878-6551

APPLICATION FOR INTERNSHIP

NAME OF APPLICANT:	
APPLICANT: a copy of the following, if employment:	applicable, must be submitted with your application for
1. Birth Certificate	
2. High School Diplomas or Equivalency	y
3. College Internship Document(s)	
4. Connecticut Motor Vehicle Operator's License5. Motor Vehicle Operator's License of Than Connecticut	
6. Social Security Number APPLICATIONS WILL NOT BE ACCELE FOR OFFICE USE ONLY:	PTED WITHOUT ALL REQUIRED DOCUMENTS
1. Birth Certificate	·
2. High School Diplomas	
3. College Documents	
4. Operator's License	
5. Motor Vehicle Operator's License other State(s)(If Applicable)6 Social Security Number	
DATE APPLICATION RECEIVED RECEIVED BY	TIME RECEIVED

<u>IF SPACE AVAILABLE FOR ANSWERING ANY QUESTION IS INSUFFICIENT, USE SEPARATE SHEET.</u>

INSTRUCTIONS

Read each question carefully. ANSWER EVERY QUESTION-LEAVE NO BLANK SPACES-IF QUESTION DOES NOT APPLY TO YOU, SO STATE. An applicant may be rejected "who has intentionally made a false statement of a material fact or practiced, or attempted to practice, any deception of fraud in his/her application".

The applicant shall persona	<i>-</i> 1		1	ure must be	printed
or typewritten. All entries	must be made in	n either blue or blac	ck ink.		
Full					
Name					
NameLast		First	Mi	lddle	
Present					
Address					
Telephone		City	State	Zip	
Telephone		Date of Birtl	1		
			Month	Day	Year
Email:		Social Secur	itv#		
Linuii.		Social Secui	1ty //		
Maiden Name, if applicabl	e				
ivariati i varite, ii appireue.					
List any other names, nick	names or aliases	you have been kno	own by:		
Are you a U.S. Citizen?	Yes	No			
If naturalized sitizan sive	data and la actio	n of notypolization.			
If naturalized citizen, give					
Date: Cert.#	Loca	tion:			
Cert.#					
Place of Birth					
		dence at time of birt	th		
	Resid	dence at time of one			
City or Town	Country	State	Country	Zip Co	de
Have you previously subm	itted an Internsh	nip Application with	h the Milford Po	lice Departr	ment?
Yes No	Ifx	ves Date			
110	11 y				
Reason for Denial/Refusal					

<u>IF SPACE AVAILABLE FOR ANSWERING ANY QUESTION IS INSUFFICIENT, USE SEPARATE SHEET.</u>

MARITAL STATUS: Single ____ Married ___ Separated ___ Divorced ___ Widowed ___ Street Spouse's Full Name Maiden Name Date of Birth City State Zip Code ****************************** * Any other person(s) who reside at your residence Date of Birth Relationship Name List chronologically all of your past residences, other than present: (Use supplemental sheet if necessary) 1. Street City Zip Code State From to ___ Date Date 2. State Zip Code Street City From _____ to Date Date 3. Street City State Zip Code From to Date Date ************************** Emergency Contact Name:

Phone Number: ()

Relationship:

<u>IF SPACE AVAILABLE FOR ANSWERING ANY QUESTION IS INSUFFICIENT, USE SEPARATE SHEET.</u>

EMPLOYMENT:

List chronologically, **your LAST TWO EMPLOYMENTS**, including summer and part-time employment, paid or unpaid.

1. Name		Fi	rom		To	
Salary Name of Immediate Sup		Kind of W	ork			
Name of Immediate Sur	pervisor			Ph	one No.	
Name of President/ Dep	t. Head					
Address						
AddressStreet	City	State	Zip Co	ode		
Reason for Leaving						
2. Name		Fı	rom		То	
Salary		Kind of W	ork			
Salary Name of Immediate Sup	ervisor			Ph	one No.	
Name of President/ Dep	t. Head					
AddressStreet Reason for Leaving	City	State	Zip Co	ode		
EDUCATION: Elementary School			_ Location _			
Junior High School			_ Location			
High School			_ Location _			
Na D	ime			City	State	Zip Code
Dates Attended:		D. 1 D .	_ to			
C-11		Diploma Receiv	ed?			
College						
Location						
Major	'	Minor				
Date of Diploma or Degree Major ***********	 :*********	 ********	******	*****	 *****	*****
* Name Of Internship Advi						
			Phone			
Number ()			1 Hone			
************	******		******	*****	*****	******
Total Number of Hours Ne						
Potential Dates to Complet	e Internshin(i e	Sept2019-Dec20	019)			

CRIMINAL RECORD:

If yes, give	complete det		of any crime? Yes No of arrest(s) and hearing(s), location of offense(s), n.	
Motor Veh	icle Record			
infraction, o	citation, sumn	nonses, ticket?	or vehicle offense or received a motor vehicle s), date(s), location(s), and disposition(s).	
Offense	<u>Date</u>	Location	Disposition	

Notice to Applicants:

- 1. The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Section 46B-146, 54-760 or 54-142A (e.g. nolle, dismissed, pardoned).
- 2. That criminal records subject to erasure pursuant to Section 46B, 54-760 or 54-142A are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and
- 3. That any person whose criminal records have been erased pursuant to Section 46B-146, 54-760 or 54-142A shall be deemed to have never been arrested within the meaning of the General Statutes with respect to the proceedings so erased and may so swear under oath.

FULL DISCLOSURE

Is there anything in your past or present, not specifically asked in this questionnaire, which, if it became known, would embarrass you, your school or the Department so as to possibly cause you to compromise the integrity of the Milford Police Department or any of its investigations.

NOTE: The answer to this question in and of itself will not preclude you from being an intern. It is merely being asked to fully appraise the Department of your background and prevent the

possibility of compromising you in the future because of the Department's full and complete knowledge of you. Yes ____ No ____. If yes, please explain: _____ **GENERAL INFORMATION:** Are you a licensed Connecticut motor vehicle operator? Yes _____ No _____ If yes, type: License # Have you ever possessed any operator's license, other than listed above? Yes No If yes, state: _____ License # ____ Date: From: _______to _____ Have you ever had any of the above operator's license(s) or motor vehicle registration(s) suspended or revoked for any reason? Yes No Reason for suspension/revocation State _____ Date of suspension/revocation _____ Are you presently applying or have you ever applied for employment or internship with any other law enforcement agency? Yes ____ No __ Year Applied _____ If yes, List agencies or employers below:

-		fused appointment/ No	employment/internship with any law enforcement	
If so, identi	fy agency a	and date, and state r	eason of refusal:	
•		-	ry a firearm or dangerous weapon? location:	_
combination or which has violence to seeks to alto Yes	n of person as adopted t deny other er the form No	s which advocates the policy of advocates persons their rights of Government of	of any organization, association, movement, group of the overthrow of our Constitutional form of governmenting or approving the commission of acts of force or a under the Constitution of the United States or which the United States by unconstitutional means?	'n
If yes, what	t organizati	on and what is you	association with it?	
	2	_	Name Printed	
Buil				
			Signature	
Subscribed a	and sworn to	before me on this da	te	
			Notary Public	

City of Milford, Connecticut

DEPARTMENT OF POLICE

430 Boston Post Road * Milford, CT 06460-2570 Telephone (203) 878-6551

AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

I,records or any part the Department, whether	ereof, concerning my said records are of a	do hereby authorize a review of arvelf, by and to any duly authorized public, private or confidential natural	ad full disclosure of all agent of the Milford Police re.		
educational institution balances of checking agencies (including concluding to including hospitals, comployment and presentings, complaints, complaint	ns, financial or credit and savings accounts redit reports and/or ra- linics, private practiti- employment records, lisciplinary matters and tax statements and ration records; records nclude the records and	ny consent for full and complete distinstitutions, including records of destand loans, also the records of compatings); medical and psychiatric treationers and the U.S. Veterans Admir including background reports, polyad/or grievances filed by or against ecords wherever filed; records of coof complaints of a civil nature maded recollection of attorneys-at-law of e in which I presently have or have	eposits, withdrawals, and mercial or retail credit atment and/or consultation, histration; public utilities, ygraph exam, efficiency me and salary records; real complaints, arrest, trial and/or the by or against me, where or of other counsel, whether		
It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent date for the Milford Police Department to consider in determining my suitability for internship by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.					
developed directly or	indirectly, in whole	by the personal history background or in part, upon this release authorizely the Milford Police Department.			
A photocopy of this is contain original writing		s an original hereof, even though th	e said photocopy does not		
Dated:	_ Signature:	1	D.O.B		
Address:		Social Security	No:		
Subscribed and Sworn	to before me this	day of	20		
Seal					
		Notary Public – Justi	ce of the Peace		