



Crime Stoppers Atlanta
Internship Program

Application Date: _____

Student Information

Last Name:		First Name:		M.I.:		Date of Birth: (MM/DD/YYYY)	
Address:							
City:			State:			Zipcode:	
Phone:				Email:			
Are you a United States Citizen? <i>(Please check one.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No							

College Information

College/University Currently Attending:		Classification <i>(Please Check one.)</i> <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate (Senior) <input type="checkbox"/> Undergraduate (Junior)	
Expected Date to Graduate: Month _____ Year _____	Academic Major:	Major GPA:	Overall GPA:
When would you like to participate in the internship? Semester _____ Year _____		Faculty Advisor	Faculty Advisor Phone:

Please explain any school suspension or probation of any kind. *(Attach additional sheets if necessary.)*

Employment History (please include, paid, volunteer, and intern positions starting with your most recent employer)

Employer		Start Date (MM/YY)	End Date (MM/YY)
Address			
City	State	ZipCode	
Supervisor Name & Title			
Position Title			
Description of Duties			

Employer		Start Date (MM/YY)	End Date (MM/YY)
Address			
City	State	ZipCode	
Supervisor Name & Title			
Position Title			
Description of Duties			

Employer		Start Date (MM/YY)	End Date (MM/YY)
Address			
City	State	ZipCode	
Supervisor Name & Title			

Position Title
Description of Duties

References

(Please list professional references only)

Name	
Company	
Relationship	Known How Long

Name	
Company	
Relationship	Known How Long

Name	
Company	
Relationship	Known How Long

Criminal History

Have you ever been convicted of a felony or misdemeanor? () Yes () No If yes, explain. (*Attach additional sheets if necessary.*)

Additional Questions

What skills and abilities would you bring to the internship?

Why should you be chosen for this internship?

What are you hoping to gain from this internship?

I, _____ certify that all of the above questions have been answered to the best of my knowledge, and I understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination from interning. I further certify that I am enrolled in a four-year degree program at an accredited four-year college or university, or that I am enrolled in a master's program at an accredited graduate college or university. I also certify that I currently have a 3.0 or higher GPA on a 4.0 scale and that I meet all requirements. I understand before being accepted into this program, an oral interview will be conducted.

Signature of Applicant: _____

Date: _____

A completed application consists of the following:

A cover letter

Application for internship

Resume

Please mail or fax this form to:

Crime Stoppers Atlanta
ATTN: Crime Stoppers Internship Program
127 Peachtree Street N.E., Suite 201
Atlanta, GA, 30303
404.586.0414

Additional Questions: Contact Taimere Wood at 404.586.0180 or twood@atlantapolicefoundation.org

