

PREVIOUS COLLEGES/UNIVERSITIES

Attended from: _____ to: _____ Major: _____

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Have you taken any special workshops, training sessions, special courses or had any volunteer or criminal justice experiences that relate to the internship position for which you are applying?

INTERNSHIP INFORMATION

Why do you want to do an internship with our Department and what do you expect to accomplish?

Available for internship from: ____/____/____ to: ____/____/____ Hours required by College/University: _____

Days & Hours available weekly: _____

Academic level of internship: Undergraduate: _____ Graduate: _____ Doctoral Candidate: _____

Receiving academic credit for internship: yes _____ no _____

School's Internship Coordinator: _____ Phone #: (_____) _____

Please Read Carefully

The County of Chester considers all applicants without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. The County of Chester also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

I certify the answer I have to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand if this application is not completed in full, it will not be processed and I will be automatically disqualified.

I understand that any false answers, statements, or representations made by me in this application shall constitute sufficient cause for dismissal and/or penalties under 18 PA CONS, STAT., Section 5904 related to the unsworn falsification to authorities.

I understand that nothing contained in this application or granting of an interview is intended to create an employment contract between the County of Chester and myself. I acknowledge that if for any reason I am not selected for an Internship, the Chester County Adult Probation & Parole Department is under no obligation to explain why. I also acknowledge if chosen for an internship, that I may be terminated or released from service at any time, without cause, and without right to appeal. I understand that if accepted for the Chester County Adult Probation & Parole Department Internship Program, I must abide by the rules and policies of the Department and the County of Chester.

SIGNATURE _____ DATE _____

RETURN FORM TO:

JENNIFER LOPEZ, DEPUTY CHIEF
CHESTER COUNTY ADULT PROBATION & PAROLE DEPARTMENT
THE CHESTER COUNTY JUSTICE CENTER
201 WEST MARKET STREET, SUITE 2100
WEST CHESTER, PA 19380

