CRIMINAL JUSTICE 4860 - FIELD EXPERIENCE

APPLICATION AND CONSENT FORM

This form is to be filled in completely prior to your acceptance into the class and placement with an agency. If you have any questions, please ask the field experience director for assistance. Attach such additional papers as may be necessary to fully answer the application. Any student who furnishes false information on the form will be subject to dismissal for the Field Experience program and such additional action as the Criminal Justice Department may deem appropriate. Please print and insert "N/A" (not applicable) if the question does not apply to you.

Some agencies require a character and criminal record check prior to accepting an intern.

Submission of this application gives the agency your expressed consent to such character and background check as the agency may deem necessary or appropriate. The following information will be used in such an investigation.

| Date | School Semester | |
|---|--|--------------------------------|
| Name | | |
| (Last) | (First) | (Middle) |
| Permanent or Home Addre | ess | |
| (City) | (State) | (Zip) |
| Phone | Length of F | Residenceyears |
| Please list the complete adthe past five years: | dress and length of residence for each p | lace where you have resided in |
| | | |
| | | |
| | | |
| | | |
| Date of Birth | | |
| Month/Da | v/Year | |

| Place of Birth | | | | | |
|------------------|------------------|---------------------|---------|-----------|----------|
| _ | ((| City) | (State) | (Coun | ty) |
| U.S. Citizen | Yes/No | Driver's License | e#Numbe | er | State |
| Social Security | / # | | | | |
| Male | _Female | | | | |
| Height | Weight | Hair | Eyes | | |
| Single | Married | Divorced | Other | Number of | Children |
| Name of Spous | se(Las | et) | (First) | (Mi | ddle) |
| Name of forme | er Spouse (if ap | oplicable) | | | |
| (La | st) | (First) | (1 | Middle) | |
| Former Spouse | e's Address | | | | |
| | _ | (City) | | (State) | (Zip) |
| (If necessary, 1 | ist others on a | separate piece of p | paper) | | |
| Father's Name | | | | | |
| | (| (Last) | (First) | (1 | Middle) |
| Father's Addre | ess | | | | |
| | | (City) | | (State) | (Zip) |
| Mother's Name | e | (Last) | (First) | (1 | Middle) |
| Mother's Addr | | | | · · | |
| | | | | | |
| | | (City) | | (State) | (Zip) |

| Please list the names, relationship, current addresses and telephone numbers of all persons who you have lived with in the past five years: | | | | |
|---|--|-----------------|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| List names, address, and p | hone number of two references other that | an relatives. | | |
| | | | | |
| Major | Minor | | | |
| Current Overall GPA | Total credits completed to | ward graduation | | |
| Expected date of Graduation | on_ | | | |
| as well as those courses in | which you are currently enrolled. Indexes completed at other colleges. | | | |
| Course Number | Course Title | Credit/Grade | | |
| | | | | |
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| | |
| o you have any health problems: Yes No If yes, specify | |
| o you have any physical conditions that may limit participation in the prog | gram? Yes No |
| | |
| yes, pecify | |
| | |
| o you wear glasses or contacts? Yes No | |
| re you color blind? YesNo | |
| filitary experience or status: | |
| ackground or experience related to the Criminal Justice field: | |
| | |
| o you have any criminal convictions (excluding minor traffic offenses)? | |
| es No | |
| yes, describe | |
| | |
| | |
| That are your career plane? | |
| /hat are your career plans? | |
| | |