



Saint Louis Metropolitan Police Department Internship Application

Community Engagement/Organizational Development Division

Personal Information

Name: _____
Last First Middle

Home Address: _____
City State Zip Code

Date of Birth: _____ Age: _____ Sex: _____ SSN: _____ - _____ - _____

Driver's License/ Permit # _____ State: _____ Expiration Date: _____

Phone Number: (_____) _____ Alternate Phone Number: (_____) _____

E-mail Address: _____

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for Citizenship. Can you provide such documentation? Yes No

Have you ever been employed by the SLMPD? If so, when?

Have you ever applied for a civilian or civilian recruit in training position with the SLMPD? If so, when?

Have you ever served as a volunteer or intern with the SLMPD? If so, when?

Do you have a relative or friend employed with the SLMPD? If so, who?

Internship Information

Please circle the Division you are interested in Interning with:

Intelligence ___ Laboratory- DNA ___ Drug Chem ___ ID/Fingerprint ___

Do you desire academic credit for your internship? Yes No

If so, how many hours do you need? _____ How many hours can you work per week? _____

When can/would you start the internship? _____

Why are you interested in participating in an internship with the SLMPD?

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____
City State Zip Code

Phone Number: (____) _____ Alternate Phone Number: (____) _____

Education and Professional History

School Information

Current/Most Recent School Attended: _____

Grade or Degree Attained: _____ Year of Graduation: _____

GPA: _____

Employment Information (If Applicable)

Employer's Name: _____ Position: _____

Business Address: _____
City State Zip Code

Employer's Phone Number: (____) _____ Dates Employed: _____

Have had any previous law enforcement training or experience? If so, please explain.

References

Please list two character references who are not relatives

1. Name _____ Phone Number _____
Occupation _____ Years Acquainted _____
Relationship to Reference _____

2. Name _____ Phone Number _____
Occupation _____ Years Acquainted _____
Relationship to Reference _____

Criminal History

Have you ever had any police contact? Including, but not limited to, being detained, questioned, taken into custody, arrested, or convicted of a crime in this state, any other state, in military service, or elsewhere?"

Intern Applicants who are found to have committed any serious crimes may be excluded from consideration even if no conviction occurred. Intern Applicants who are found to have intentionally falsified or omitted any information from this application will be disqualified from further consideration.

Intern Applicant's Acknowledgement:

No question on this intern application is posed for the purpose of limiting or excluding consideration of any applicant for intern assignments because of race, color, religion, age, sex, national origin, disability or sexual orientation.

The intern applicant understands that neither this document nor any offer of intern assignments from the Saint Louis Metropolitan Police Department constitutes an employment contract unless a specific document is executed in writing by the Metropolitan Police Department – City of St. Louis and volunteer.

I certify that answers given in this internship application are true and complete to the best of my knowledge. I understand and agree that the St. Louis Metropolitan Police Department will perform a criminal history inquiry.

Signature of Intern Applicant Date

Completed applications can be mailed to:
Community Engagement/Organizational Development Division
Metropolitan Police Department
1915 Olive St.
St. Louis, MO 63103

Questions?
Contact:
314-444-5638

