



# GEORGIA

DEPARTMENT OF CORRECTIONS

## INTERNSHIP APPLICATION

Date:

### PERSONAL INFORMATION

Name:   
Address:   
Address:   
City, State & Zip Code:   
Email:   
Home Phone:  Cell Phone:   
Social Security #:  Date of Birth:   
Place of Birth:   
US Citizen? Yes No

### EDUCATION

College/University:   
Major:   
College Address:   
College City, State & Zip Code:   
Advisor's Name:   
Advisor's Telephone:   
Hours Completed:   
Hours Until Degree Completion:

### INTERNSHIP INFORMATION

Requested Internship Location-City or County   
Desired Quarter/Semester of Internship:   
Requested Beginning Date   
Briefly explain how your career goals fit in with the Criminal Justice field:

**CRIMINAL HISTORY**

Have you ever been convicted of a felony? Yes      No

Have you ever been arrested for any reason? Yes      No

If yes, please explain:

Do you presently have any pending charge(s)? Yes      No

If yes, please explain:

**CERTIFICATION**

I certify that all the information on this application is correct. I authorize any agent or employee of the State of Georgia to verify this information and release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form is a violation of state law. I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature.

Signature:

Date: