

ROSS TOWNSHIP POLICE DEPARTMENT

CANDIDATE INFORMATION

Name: (last) _____, (first) _____, (mi) _____ (suffix) _____

Address: (number, street) _____ (Apt/Flr) _____

(city) _____ (state) _____ (zip code) _____

Home Tel.: (_____) _____ Cellular Tel.: (_____) _____

E-Mail: _____ SSN: _____ DOB: __/__/____

Driver License Info: (OLN): _____ (Exp. Date): __/__/____ (Op. Class) : _____

Current marital status : Married Single Separated / Divorced / Widowed

Employer / School: _____

Address: (number, street) _____

(city) _____ (state) _____ (zip code) _____

Telephone: (_____) _____ Other Telephone: (_____) _____

PERSONAL HEALTH INFORMATION

Significant Medical Problems : _____

Allergies to Food / Medication : _____

Medications: _____

EMERGENCY CONTACT INFORMATION

Name: (last) _____, (first) _____, (mi) _____ (suffix) _____

Relationship of contact to employee: _____

Address: (number, street) _____ (Apt/Flr) _____

(city) _____ (state) _____ (zip code) _____

Home Tel.: (_____) _____ Cellular Tel.: (_____) _____

Work Tel.: (_____) _____

Medical problems / concerns of contact: _____

ROSS TOWNSHIP POLICE DEPARTMENT

PROGRAM SELECTION REQUEST

Basis for Request:

Scholastic/ Academic Public Safety Affiliate Other: _____

Program Requested:

8 or less hours 16 - 40 hours Extended Program (NTE 6 Months)

Applicants are requested to attach a brief narrative outlining their program selection request.

CANDIDATE AGREEMENT

By signing my name below, I _____, certify that;

- (1) The above information is true and correct under penalty of law.
- (2) I agree to allow the Ross Police Department to conduct a background investigation on me.
- (3) I agree that if I am admitted into the Ross Township Police Department Internship Program I will abide by the Standards of Conduct established by the Ross Township Police Department.
- (4) I will participate in no acts while I am involved in this program that will violate these rules or cast question as to my judgment or character.
- (5) I also understand that I may become privy to information of a personal, investigative and/or sensitive nature. As such I agree:
 - (a) All information will be kept strictly confidential.
 - (b) I will not maintain any notes, recordings, sketches, or images of any names, locations details, or other information
 - (c) I will not maintain or possess any reports, intelligence, or informational documents.
 - (d) I will not obtain, or seek to obtain any information that is not legally permissible for the general public to possess.

Signed: _____ Date: _____

DEPARTMENT APPROVAL:

Date: _____

Intern Program Administrator or designee: _____

Signature: _____