



MONROE COUNTY CRIME LABORATORY
85 W. Broad Street St., Rochester, NY 14614
(585)-753-3535

Adam J. Bello
County Executive

Timothy Kohlmeier
Acting Director of Public Safety

John R. Clark
Laboratory Administrator

APPLICATION FOR INTERNSHIP

PERSONAL HISTORY

Last Name _____ First Name _____ MI _____

Date of Birth _____ E-Mail Address _____

PRESENT ADDRESS

Street _____ Phone () _____

City _____ State _____ Zip _____

PERMANENT ADDRESS (If different)

Street _____ Phone () _____

City _____ State _____ Zip _____

COLLEGE PRESENTLY ATTENDING

Name _____ Street _____

City _____ State _____ ZIP _____

Degree currently being sought: Associates Bachelor Masters Ph.D.

Major _____ Expected date degree to be awarded _____

CURRENTY FACULTY ADVISOR

Name _____

Department _____ Phone () _____

SEMESTER

Semester during which you prefer to do the internship (circle choice) **Spring** **Summer** **Fall** **Winter** Year _____

CITIZENSHIP

Are you a U.S. Citizen? Yes No

If naturalized, Date of Entry _____ Place of Entry _____

Court _____ Date _____ Place _____

DRIVER'S LICENSE

Issuing State _____ License Number _____ Exp. Date _____

MILITARY RECORDS

Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Military Service _____ Serial # _____

Dates of Service _____ Type of discharge _____

Where Discharged _____ Do you have a service disability? Yes No

COURT RECORD

List all **CONVICTIONS** for criminal or traffic offenses (except parking).

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Final Disposition</u>	<u>Details</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Felony convictions will disqualify you. All other criminal involvement will be carefully evaluated.

EMERGENCY CONTACT PERSON

Name _____

Street _____

City _____ State _____ Zip _____ Relationship _____

Home Phone () _____ Work Phone () _____

BE SURE TO ATTACH A COPY OF YOUR RESUME, TRANSCRIPT AND LETTER OF REFERRAL FROM YOUR SCHOOL.

Signature of Applicant

Date