MONROE COUNTY CRIME LABORATORY

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

Adam J. Bello
County Executive

Richard V. Tantalo
Director of Public Safety

Shreya S. Kamath
Laboratory Administrator

APPLICATION FOR INTERNSHIP

PERSONAL HISTORY

Last Name _____ First Name _____ MI _____

Date of Birth _____ E-Mail Address _____ Phone _____

PRESENT ADDRESS

Street _____ City _____ State _____ Zip _____

PERMANENT ADDRESS (If different)

Street _____ City _____ State _____ Zip _____

COLLEGE PRESENTLY ATTENDING

Name _____

Street _____ City _____ State _____ Zip _____

Degree currently being sought: Select

Major _____ Expected date degree to be awarded _____

CURRENTY FACULTY ADVISOR

Name _____ Department _____

E-Mail Address _____ Phone _____

SEMESTER

Semester during which you prefer to do the internship: Select Year: _____

Hours Required: _____ Availability: ☐Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

CITIZENSHIP

Are you a U.S. Citizen? Yes

If naturalized, Date of Entry _____ Place/Port of Entry _____

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? Select

Branch of Military Service _____ Serial # _____

Dates of Service _____ Type of discharge _____

Where Discharged _____ Do you have a service disability? Select

COURT RECORD

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

Date	Place	Charge	Final Disposition	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

EMERGENCY CONTACT PERSON

Name _____

Relationship _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cellular Phone _____

_____ _____

Signature of Applicant Date

COMMENTS