

DEPARTMENT OF COMMUNITY SUPERVISION INTERNSHIP APPLICATION FORM An Equal Opportunity Employer

Please complete this application and email it to <u>dcsinternship@dcs.ga.gov</u> along with a copy of your recent transcript (either official or unofficial). You may also include any relevant documentation that you find favorable in being selected for an internship with the department. PLEASE NOTE THAT OUR INTERNSHIPS ARE UNPAID.

ALL PROSPECTIVE INTERNS WILL GO THROUGH THE FOLLOWING VETTING PROCESS**:

- Interviewed by management in the office of potential internship
- Background check (intern candidates will provide a copy of driver's license and signed social security card) If driver's license is from a state other than Georgia, applicant will also have to provide a 3 year report from the Department of Motor Vehicles of respective state.
- Drug screen
- Fingerprint screen

<u>**Vetting process takes 1-3 weeks depending on how responsive prospective intern is in returning various</u> <u>documents and completing various screens.</u>

PLEASE NOTE THAT ALL OF THE FOLLOWING MINIMUM QUALIFICATIONS MUST BE MET TO BE CONSIDERED

FOR POSSIBLE INTERNSHIP:

- Must be a U.S. citizen or a lawful alien
- Must be a junior, senior, or graduate level student at a college, university or technical college
- Grade Point Average (GPA) of 2.5 WITHOUT ROUNDING
- Must be majoring in Criminal Justice, Psychology, Sociology, Social Work, Political Science or Public Administration, Pre-Law, Accounting, Finance, Business Administration, Computer Information Systems, Economics, Journalism, Management, or Human Resources
- Must be recommended by a faculty member (which is to be included in reference section)
- Must have no criminal history of offenses involving moral turpitude or a pattern of disregard for public safety. Careful consideration will be given to any criminal history the applicant might have.
- Must be physically able to perform the duties of a community supervision officer if seeking Community Supervision Officer internship

Personal Information

Name -

Current Address -

City, State, Zip -

Division/Unit Applying For -

Requested Internship Location/City or County -

Requested Internship Start Date (Month/Day/Year) -

Contact Number -

Email Address -

Are you a U.S. Citizen or a lawful alien-

College/University Information

Current College or University -

Expected Graduation Date -

Hours Completed/Hours Until Graduation -

Major -

Current GPA -

Internship References

Please list three (3) references *One of which <u>MUST</u> be a college professor or faculty member. <u>Reference One (1)*</u>

Name:

Relationship:

Email Address: Phone Number:

<u>Reference Two (2)*</u> Name:

Relationship:

Email Address: Phone Number:

<u>Reference Three (3)*</u> Name of Referring Professor:

Email Address: Phone Number:



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Internship Availability

Please list your general availability:

Check All That Apply*

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| N 4 a main an | | | | | |
| Morning: | | | | | |
| Evening: | | | | | |
| Afternoon: | | | | | |

Criminal History

Have you ever been convicted of a felony? Yes or No – Have you ever been arrested for any reason? Yes or No – If yes, please explain:

Do you presently have any pending charge(s)? Yes or No – If yes, please explain:

Certification

I certify that all of 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 internship appointment with the Georgia Department of Community Supervision. I understand that intentionally providing false information on this form is a violation of state law. I also understand that applications submitted electronically, via email 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:



Briefly explain how your career goals fit with the Criminal Justice field:

How did you hear about the agency's Internship Program?

For any questions regarding submission of this application, please contact us at dcsinternship@dcs.ga.gov