



New River Valley Juvenile Detention

650 Wades Lane
Christiansburg, Virginia 24073

Intern Application

Instructions: Fill out this form **completely** and **accurately**. Failure to do so may remove you from further consideration. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you indicate by entering **N/A** in the blank.

Transcripts: Transcripts from all colleges/universities attended shall be submitted by the application deadline. Unofficial transcripts are acceptable for initial application, but official copies will be required for selected applicants.

Resumes: Resumes may be submitted in addition to the application and are encouraged, but will not take the place of the application.

Note: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from consideration. Truthful statements to any item requested will not necessarily exclude you from consideration.

Deadlines: July 1st is the deadline for applications for Fall semester applicants
November 1st is the deadline for applications for Spring semester applicants
March 1st is the deadline for applications for Summer semester applicants

Submit application to: Chase Scott chase.scott@nrvidh.org

Date of application:

Month Day Year

PERSONAL

Name:

Social Security Number:

All Previous Names:

Nicknames or Aliases:

Present Address:

Mailing Address:

Telephone Numbers: Home: Work: Mobile:

Email Addresses:

Date of Birth: Place of Birth:

Citizenship: U. S. Born U. S. Naturalized Other – Specify

Ethnic Background:

American Indian Black White
 Asian American Spanish American Other

Sex: Male Female

Have you previously submitted an application for intern with this agency? Yes No

If answered yes; approximate date:

EDUCATIONAL

Indicate below the schools you have attended (include incomplete courses). Continue with additional schools on a separate page, if needed

Name Address (City and State)	No. Full Yrs. Completed	When Attended	Graduated	Degree Awarded	Major Field
High School					
University Or Colleges					
Extension or Correspondence Courses					

If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

Yes No

If yes, when and where did you complete the GED?

MARITAL

Marital Status (Check one)

Single

Married

Divorced

Engaged

Separated

Widowed

Full Name of Spouse:

List all of your parents, siblings, and children, including any adopted or step:

NAME	BIRTHDATE	RELATIONSHIP	WITH WHOM RESIDES	PHONE NUMBER

Continue with additional relatives on a separate page, if needed

FAMILY HISTORY

Are you related by blood or marriage to any person(s) now employed by this agency? Yes

No

If yes, give name(s) and details:

Are you related by blood or marriage to any person(s) now employed by in a law enforcement agency?

Yes

No

If yes, give name(s) and details:

Is any member (s) of your immediate family now in prison on probation or parole?

Yes

No

If yes, give name(s) and details:

RESIDENCES

List addresses for past 10 years starting with present address at top:

FROM		TO		ADDRESS OF RESIDENCE (Include COUNTY of Residence)	CITY & STATE (Include ZIP CODE)	LANDLORD
MO.	YR.	MO.	YR.			

Continue with additional residences on a separate page, if needed

WORK HISTORY

Have you ever been denied employment or interned with a criminal justice agency? Yes No

If yes, list agency name and give details:

If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:

Do you object to interning during night shifts? Yes No

Do you object to interning on rotating shifts? Yes No

List all the jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A Title of present or last position
 Employer
 Address
 Date Employed _____ Date Separated _____
 Full-Time Part-time if part-time, number of hours worked per week
 Name and title of Supervisor _____ Phone Number _____
 No. of employees supervised by you _____ Reason for leaving _____

B Title of present or last position
 Employer
 Address
 Date Employed _____ Date Separated _____
 Full-Time Part-time if part-time, number of hours worked per week
 Name and title of Supervisor _____ Phone Number _____
 No. of employees supervised by you _____ Reason for leaving _____

C Title of present or last position
 Employer
 Address
 Date Employed Date Separated
 Full-Time Part-time if part-time, number of hours worked per week
 Name and title of Supervisor Phone Number
 No. of employees supervised by you Reason for leaving

D Title of present or last position
 Employer
 Address
 Date Employed Date Separated
 Full-Time Part-time if part-time, number of hours worked per week
 Name and title of Supervisor Phone Number
 No. of employees supervised by you Reason for leaving

E Explain Periods of unemployment of three months or more.

F Continue with additional jobs on a separate page, if needed.

MILITARY SERVICE

Were you ever in the U. S. Military Service or any other military organization? Yes No

THE FOLLOWING TEN QUESTIONS ARE APPLICABLE ONLY TO VETERANS

What is your service number?

What is the highest rank you held?

What was the date and location of your first entrance into active duty?

What were your unit assignments in the service?

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

What was the date and location of your last discharge from active duty?

Was your last discharge honorable? Yes No
 (If no, was it characterized as bad conduct or dishonorable)

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court or non-judicial punishment (Captain's mast, company punishment, Article 15, etc.) or any other **disciplinary action** while a member of the armed forces? Yes No

If yes, explain:

List any disciplinary action taken against you in the National Guard or other reserve unit:

List all medals and decorations awarded you during your military service:

If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation:

USE OF ALCOHOL OR DRUGS

Note: In these questions, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

Do you drink alcoholic beverages? Yes No If yes, to what degree?

Have you ever used marijuana? Yes No if yes, what were the circumstances?

When was the last time?

Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, Etc.? Yes No If yes, under what circumstances?

When was the last time?

Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician? Yes No If yes, please explain the circumstances:

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

Note: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license suspended/revoked and speeding to elude arrest.

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No," **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

Have you ever been questioned by a Law Enforcement Officer regarding a criminal offense? Yes No

If yes, explain:

Have you ever been arrested by a Law Enforcement Officer or otherwise charged with a criminal offense?
(The term "charged" as used in this question includes being issued a citation or criminal summons.)

Yes

No if yes, give details below:

A. Offense Charged
Date:

Law Enforcement Agency:
Disposition of Case:

B. Offense Charged
Date:

Law Enforcement Agency:
Disposition of Case:

C. Offense Charged
Date:

Law Enforcement Agency:
Disposition of Case:

ATTACH EXTRA SHEETS. IF NECESSARY.

Have you ever had a Domestic Violence Protection Order issued against you? Yes No
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing)

Date of Issuance:

County of Issuance:

Name of Plaintiff/Petitioner:

Date of Expiration:

Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

(a) Currently under Indictment in any court for a crime punishable by imprisonment for a term exceeding one year.

(b) Have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or he person has had his/her civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.

(c) Are a fugitive from justice.

(d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.

(e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.

(f) Have been discharged from the Armed Forces under dishonorable conditions.

(g) Are illegally in the United States.

(h) Have renounced his/her citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year." As discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in Virginia.

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law? Yes No If yes, please explain:

Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim (domestic violence offense)?

Yes No Offense Charged:

Law Enforcement Agency:

Date:

Disposition:

Have you ever been charged with or convicted of a felony? Yes No
If yes, give details:

Have you ever been placed on probation? Yes No
If yes, give details:

Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?
 Yes No If yes, give details:

Can you operate a motor vehicle? Yes No

Do you possess a valid Driver's license from the State of Virginia? Yes No
Driver's License Number: Year Issued:

Do you possess a driver's license issued by any state other than Virginia? Yes No
If yes, give the state and number:

Was your license ever suspended or revoked? Yes No
If yes, state which and give reasons:

Was your license ever restored? Yes No
When?

Have your driving privileges ever been restricted? Yes No
If yes, give details:

CAREER OBJECTIVES

Explain your reasons for applying for this position, including career goals of five & ten years from now:

List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

REFERENCES

Give the names of five (5) responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

NAME	ADDRESS	TELEPHONE

List five (5) neighbors’ names and addresses that presently live near you, or have lived near you. (This can be neighbors from when you were younger, who could give a reference of your character) **(DO NOT REPEAT NAMES FROM ABOVE)**

NAME	ADDRESS	TELEPHONE

CURRENT EDUCATIONAL STANDING

Name of College/University currently attending

Major Minor

Expected date of graduation Overall GPA GPA for Major

Number of credit hours desired for Internship 3-6 9-12 15 or more

Will you be attending other classes while involved with the Internship? Yes No

Semester and year of Internship request (include all that apply). Example – Fall 2014, Spring 2015, etc.

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. In addition, I authorize all employers and other listed parties in this application to provide information relative to my employment as requested by the county of Montgomery, Virginia releasing all parties concerned from damages or liability.

This the day of , 20

Signature in Full