

Sparta Police Department INTERNSHIP APPLICATION

APPLICANT INFORMATION									
LAST NAME		FIRST NAME		MIDDLE NAME		DATE			
NAMES PREVIOU	ISIVIISED								
NAIVIES FILEVIOO	ISET OSED								
ADDRESS (STREE	T, CITY, STATE,	ZIP)							
PREVIOUS ADDR	ESS (STREET, C	ITY, STATE, ZIP)							
CELL OR HOME R	NIONE	FAAAII ADDDECC							
CELL OR HOME P	HONE	EMAIL ADDRESS							
EDUCATION									
	NAME AND I	OCATION OF SCH			MAJOR COURSEWO	RK	GRADUATION DATE		
HIGH SCHOOL									
COLLEGE									
OTHER									
OTHER									
			EMPLO	YMENT					
NAME/ADDRESS OF EMPLOYER			SUPERVISOR NAME &		REASON FOR LEAV	/ING	DATES EMPLOYED		
			PHONE NUMBER				FROM/TO		
1)									
2)									
3)									
			REFER	FNCFS					
NAME/ADDRESS	OF REFERENC		PHONE NUMI		RELATIONSHIP		YEARS KNOWN		
1)									
2)									
2)									
3)									

Describe any related exp optional.)	erience or trair	ning, inclu	ıding military s	ervice, reserv	es, police vo	lunteering	, etc. (This	s section is	
On a separate sheet, ple	ase explain why	y you war	nt to intern wit	h the Sparta P	olice Depar	tment.			
		DRIVER	LICENSE VERIF	ICATION INFO	RMATION				
DRIVER LICENSE NUMBE	R	STATE		BIRTHDATE		DATE ISSI	JED	DATE EXPIRES	
			_		1				
SEX (M/F)	HEIGHT (FT/II	(/IN) WEIGHT (LE		BS) EYE COLOI		PR HAIR		R COLOR	
			FIC ACCIDENTS						
ACCIDENT/CITATION LOCATION			ACH ADDITIONAL SHEETS IF NECESSARY DATE VIOLATION				DISPOSITION - FINE/JAIL		
1)									
2)									
3)									
4)									
5)									
			STS AND/OR O						
ARREST/ORDINANCE CIT	ATION LOCATION	ON	DATE	CHARGES F	ILED/VIOLA	ΓΙΟΝ	DISPOSIT	ION - FINE/JAIL	
1)									
2)									
3)									
4)									
5)									
			1						

RELEASE OF INFORMATION

I, the undersigned, hereby empower any employee of the Sparta Police Department to obtain any records and information concerning the enumerated items below, reference to my application for the Police Internship Program.

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result from/to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply within. I understand that the results are confidential, and I do not have access to them, as the information is obtained from sources in confidentiality.

- 1. From law enforcement or criminal justice agencies.
- 2. From current or past employers.
- 3. From schools and learning institutions.
- 4. From medical, physical, mental offices, clinics, hospitals, treatment facilities or other institutions engaged in such services.

Signature			Date Signed				
NOTE - Applications can be mailed to:	Sparta Police Dep Attn: Chief Emile	e Nottestad					
	121 E. Oak Street Sparta, WI 54656						
Applications can also be faxed to:	-	Sparta Police Department Attn: Chief Emilee Nottestad 608-269-2156					
Emailed to:	enottestad@spar	tawisconsin.org or	arevels@spartawisconsin.o	rg			
Questions:	Call 608-269-3122	2					
	INTERNAL US	E ONLY					
INTERVIEWER:	INTERVIEW DATE:	TIME:	ACCEPTED: □YES □NO	□WAIT LIST			