

Application for Participation in Internship Program
United States Probation Office for the District of Massachusetts
(Please Type or Print Neatly)

Name: _____

Other Names Used: _____
(if applicable, indicate maiden name)

Home Address: _____
Street Address City State Zip # of years at that address

School Address: _____
Street Address City State Zip

Date of Birth: _____ Social Security Number: _____

Telephone Number: Day: _____ Night: _____
Cell Phone: _____

E-mail Address: _____

Educational Background
School Name Degree Received or Year in School Major/Minor GPA

College/University: _____

Graduate School: _____

Name of and contact information for Internship Advisor: _____

Employment History (including military experience)

List employment history for the previous five years.

Employer	Address	Position	Dates of Employment	Supervisor/Contact	Telephone Number

Have you ever been terminated from employment? ____no ____yes

If yes, explain.

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Have you ever been arrested for or convicted of a crime? ___no ___yes

If yes, identify police department/court, and indicate date of incident, and date of arrest/conviction:

Explain the Circumstances: _____

Have any of your immediate family members every been arrested for or convicted of a crime?

_____no ___yes

Personal References: Please provide three. Note: Do not include relatives or employers.

Name	Address	Telephone Number	Relationship	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Are there any factors (i.e., medical issues, scheduling conflicts, military commitments, other work commitments, etc.) which might impact your ability to successfully perform an internship with the U.S. Probation Office? ___no ___yes

If yes, explain:

Please note days of the week/times that you are available. Also, please indicate the time frame during which you would like to do your internship (ex. Fall, May-August, etc.)
