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 Code # of years at that address

School Address: _____
Street Address City State Zip Code

Date of Birth: _____ Social Security Number: _____

Telephone Number: Day: _____ Night: _____

Cell Phone: _____

Email 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: _____

_____

Would you be participating in the internship program for school credit? ☐ no ☐ yes

What semester are you applying for? 20____ ☐ Spring ☐ Summer ☐ Fall

Employment History (including military experience)
List employment history for the previous five years.

Employer	Address	Position	Dates of Employment	Supervisor	Telephone Number

Have you ever been terminated from employment? ☐ no ☐ yes

If yes, explain:

_____

_____

Have you ever been arrested for or convicted of a crime? ☐ yes ☐ no

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

_____

_____

Explain the Circumstances: _____

_____

_____

Have any of your immediate family members ever been arrested for or convicted of a crime? ☐ yes ☐ no

Explain the Circumstances: _____

_____

_____

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

Name	Address	Telephone	Relationship	Years Known

Are there any factors (i.e., medical issues, scheduling conflicts, military commitments, other work commitment, etc.) which might impact your ability to successfully perform an internship with the U. S. Probation office? ☐ yes ☐ no

If yes, explain: _____

_____

_____

At which office do you wish to participate in the internship program (check all that apply):

☐ Boston ☐ Lawrence ☐ Taunton ☐ Worcester ☐ Springfield

Please note the date you are able to begin the internship, the tentative end date of the internship for you, and what days of the week and times that you are available.

_____

_____