

Personal History Statement



Date of Application _____
Month Day Year

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from the Internship Program. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

1. NAME: _____
First Middle Last Last 4 of Social Security #

Nicknames or Aliases: _____

2. Height: _____ inches Weight: _____ lbs.

3. Present Mailing Address: _____
Street and Number City State Zip

Permanent Mailing Address: _____
Street and Number City State Zip

Telephone Number: Home: _____ Cell: _____

Email: _____

4. Date of Birth: _____ Place of Birth: _____

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

6. List organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.

7. School Attending: _____

Major: _____ GPA in Major: _____ GPA Overall: _____

School Intern Supervisor: _____ Phone: _____

Email: _____

Projected Date of Graduation: _____

Projected Internship Dates: _____ Start _____ End

How many hours required: _____

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

Approximate Date: _____

Have you completed an internship before? _____ Yes _____ No

If yes, where, who was your supervisor, what did you do? _____

What are your plans after graduation? _____

If selected to be an intern, you may be required to work nights and/or weekends. Would that be a problem? If so, explain. _____

REFERENCES

8. Give the names of three responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

NAME	ADDRESS	TELEPHONE

RESIDENCES

9. List addresses for past 8 years with **present** address at top:

FROM Mo. Yr.	TO Mo. Yr.	ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
	PRESENT			

WORK HISTORY

10. List all jobs you have held in the last 8 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.

Date Employed: _____ Date Separated: _____ Full-time _____ Yrs. _____ Mos. Part-time _____ Yrs. _____ Mos. If part-time, # of hours worked per week: _ Employer _____	Name and title of Supervisor: _____ Phone: _____ Address: _____ Duties: _____ _____ Reason for leaving: _____
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Date Employed: _____ Date Separated: _____ Full-time _____ Yrs. _____ Mos. Part-time _____ Yrs. _____ Mos. If part-time, # of hours worked per week: _ Employer _____	Name and title of Supervisor: _____ Phone: _____ Address: _____ Duties: _____ _____ Reason for leaving: _____
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Date Employed: _____ Date Separated: _____ Full-time _____ Yrs. _____ Mos. Part-time _____ Yrs. _____ Mos. If part-time, # of hours worked per week: _ Employer _____	Name and title of Supervisor: _____ Phone: _____ Address: _____ Duties: _____ _____ Reason for leaving: _____
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MILITARY SERVICE

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

Branch of Service: _____ Unit: _____

Date of Discharge: _____ Service Number: _____

Highest Rank: _____ Type of Discharge: _____

ARRESTS

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. **(Exclude minor traffic violations)**

12. Have you ever been arrested or detained by police? _____ Yes _____ No If yes, give details:

Crime Charged: _____ Police Agency: _____

Date: _____ Disposition of Case: _____

Crime Charged: _____ Police Agency: _____

Date: _____ Disposition of Case: _____

Crime Charged: _____ Police Agency: _____

Date: _____ Disposition of Case: _____

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

**Complete Essay on next page.

I hereby certify that all statements made in this questionnaire are true and complete and I understand that any misstatements of material facts will subject me to disqualification.

Signature in Full

Date

In one page, tell why you want to participate in the HPD Internship Program and why you feel you should be selected. (Please print or type answer.)

HICKORY POLICE DEPARTMENT

NOTIFICATION OF CONSEQUENCES FOR INTENTIONAL OMISSIONS OR FALSIFICATION OF APPLICATION MATERIAL

It is the policy of the Hickory Police Department to discontinue any applicant who knowingly and willfully makes a material misrepresentation or omission of any information required while in the application process for internship. If it is determined that an applicant has violated this rule, his application will be discontinued immediately and will not be eligible for re-application with the Hickory Police Department.

In the event that a false statement made in the application or internship process is not discovered until after an applicant becomes an intern recommendation for termination of internship may be administered.

By signing below, I _____ acknowledge I have read and understand the above statement and certify that all information (both verbal and written) which I have supplied or will supply will be considered an official part of my application package for a position as an intern with the Hickory Police Department and is true to the best of my knowledge. I understand if it is determined that I have supplied untruthful information or have failed to supply pertinent information I may become ineligible for a position with the Hickory Police Department and will not be eligible for re-application.

Applicant

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me, this the _____ day of _____, 20____.

Notary Public and Seal

My Commission Expires: _____

HICKORY POLICE DEPARTMENT
Authorization for Release of Personal Information to
Law Enforcement Agencies for Internship Purposes

To Whom It May Concern:

I am an applicant for a position with the Hickory Police Department Student Internship Program. In order to determine my suitability for internship, I understand that the Hickory Police Department must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____, Operator's License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Hickory Police Department regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Hickory Police Department and its officers, agents and employees from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my appointment with the Hickory Police Department. I further hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all rights to inspect or review any information compiled in reference to my application for internship as allowed by law.

I hereby acknowledge that this authorization is valid for one (1) year or until the internship application or investigation process has been completed, whichever is later.

I do ___ do not ___ give consent for the Hickory Police Department to contact my present employer prior to an offer of internship being tendered. I understand that information obtained from my current employer could result in the offer being rescinded.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this

the _____ day of _____, 20____

Notary Public and Seal

My commission expires: _____

Applicant Signature

Printed Name

Address: _____

Phone Number: _____



HICKORY POLICE DEPARTMENT INTERN CODE OF CONDUCT

To participate in the Student Internship Program, all interns must abide by the following rules of conduct:

- A. Interns must complete the designated internship application and all included forms (including waiver[s] of liability). This paperwork must be completed, accurately and truthfully.
- B. The intern must present a neat and professional appearance at all times while participating in the program. Interns will be expected to dress in casual business attire at all times. Exceptions to this rule will depend on the assignment the intern is given. Exceptions must be approved by the Victim/Community Services Coordinator.
- C. Absolutely no weapons will be permitted.
- D. The intern agrees to obey all instructions from any supervisor or officer(s) that he/she is assigned to accompany. However, interns are forbidden to follow any illegal or unlawful orders, commands, or instructions.
- E. Any significant problems, complaints, inquires, or questions will be reported to the Victim/Community Services Coordinator.
- F. An intern is not a law enforcement officer and will at no time represent himself/herself as a law enforcement officer or as an employee, either of the Hickory Police Department or any other law enforcement agency.
- G. The intern agrees to maintain in confidence any information learned during the course of the Student Internship Program about the activities or operations of the Hickory Police Department. Specific information about criminal or traffic cases, the identity of individuals, or the description of law enforcement procedures are not to be divulged in any manner.
- H. The intern agrees to wear the intern identification tag in a clearly visible manner at all times when working at the department as an intern so that it is immediately apparent to all observers.
- I. The intern must sign an agreement to follow all applicable rules and regulations of the Hickory Police Department.
- J. Unfit for Duty: If the designated supervisor determines the intern to be unfit to participate for a particular work assignment due to intoxication, illness, not conforming to dress code, or for any other reason deemed appropriate by the supervisor; the intern will be sent home until the next regularly scheduled assignment.
- K. If for any reason the designated supervisor deems it necessary to send an intern home, he/she will inform the Victim/Community Services Coordinator by telephone or email and will provide a written statement of the situation and the reason for doing so as soon as practicable.
- L. An intern can be removed from the Student Internship Program, if his/her personal conduct brings disrepute on the Hickory Police Department or in any way compromises the intern's ability to maintain confidentiality.
- M. Violations of any policies, procedures, rules or code of conduct will be grounds for dismissal from the Hickory Police Department's Student Internship Program. The Chief of Police will have the final authority on any dismissals and there will not be an appeal process available.

I have read the above and agree to follow all the rules and regulations stipulated therein.

Signed: _____

Date: _____

Hickory Police Department
Student Confidentiality Agreement

Agreement made this _____ day of _____, 20____ by and between the Hickory Police Department (“Department”) and _____, student intern.

WHEREAS, the Department desires to ensure that all confidential information and other non-public information will remain confidential and non-public, during and after the period of internship.

NOW THEREFORE, as a condition of internship acceptance with the Department, it is agreed as follows:

I. NONDISCLOSURE

As a student intern with the Department, I understand the importance of treating certain types of information as confidential. I agree not to disclose any confidential information, non-public information, sensitive information, potentially embarrassing or discrediting information, or confidential know-how concerning the business, affairs, or operations of the Department which I may acquire during the course of my relationship with the Department.

As a student intern I shall not, either during my relationship with the Department or thereafter, except as authorized in writing by the Department, disclose to others or use in any way any confidential information, non-public information, sensitive or potentially embarrassing or discrediting information, or confidential information relating to the business, activities, or operations, investigations of the Department, its users consultants, or partners, including but not limited to, confidential information pertaining to particular victims, suspects or witnesses, laboratory techniques, technology or processes, methodology, procedures, laboratory results, information pertaining to Department personnel, know-how and analyses.

For the purposes of the Agreement, the term “know-how” shall mean the Department’s present and future specialized, novel and unique techniques, inventions, practices, knowledge, skill, formulations, experience, and other proprietary information relating to the Department.

II. GENERAL

This Agreement will transfer to the benefit of and be binding upon the successors and assigns of the Department, including but not limited to, affiliates, divisions, or subsidiaries of the Department.

I expressly recognize that any breach of this Agreement will result in irreparable injury to the Department, and I agree that the Department shall in the event of such a breach be entitled to seek injunctive relief, specific performance and other relief in addition to and not in limitation of its rights and damages.

This Agreement will be governed by and construed in accordance with the laws of the State of North Carolina. In case any one or more of the provisions contained in this Agreement are held to be excessively broad with regard to time, duration, geographic scope, or activity, such provision will be construed in a manner to enable it to be enforced to the maximum extent compatible with applicable law.

Executed under seal on the date first above written.

STUDENT INTERN

HICKORY POLICE DEPARTMENT REPRESENTATIVE

Signature

Signature

Print Name

Print Name

Date

Date

NORTH CAROLINA)
)
CATAWBA COUNTY)

INTERN WAIVER

THIS INTERN WAIVER (hereinafter, this "Waiver"), entered into this _____ day of _____, 20____, by _____, and Individual (hereinafter "Intern") who resides at _____.

- I. **Scope of Services.** The Intern shall provide the following services to the Hickory Police Department through an Internship: clerical and administrative duties.
- II. **Intern Status.** The Intern shall perform the Services without compensation and shall not be considered an employee, agent, or representative of the City. The Intern understands and agrees that he is **not** entitled to employee benefits of any kind, including, but not limited to, unemployment, workers' compensation or retirement benefits.
- III. **Waiver of Liability.** Intern is aware of the risks involved in the activity described above and understands that such activity may lead to serious bodily harm or even death. Intern hereby accepts and assumes these risks and hereby agrees to release the City of Hickory, its officers, employees and agents from any claim for damages whatsoever that may arise out of any and all injuries sustained in the performance of the above described activity.
- IV. **Termination.** The Intern's services may be terminated at any time by either party.
- V. **Successors and Assigns.** The Intern and the Intern's successors, executors, administrators and legal representatives are hereby bound to the terms of this Waiver.
- VI. **Amendment or Modification.** The Intern's status as an Intern cannot be amended or modified except by another written document duly executed by the City and the Intern.

IN WITNESS WHEREOF, the Intern has executed this Waiver on the day and year first above written.

Sworn to and subscribed before me the _____
day of _____, 20_____.

Notary Public

My Commission Expires:

INTERN:

Printed Name: _____

Date: _____

Sworn to and subscribed before me the _____
day of _____, 20_____.

Notary Public

My Commission Expires:

INTERN PARENT: (If intern under age of 18)

Printed Name: _____

Date: _____

**HICKORY POLICE DEPARTMENT
RIDE-ALONG GUIDELINES, RESTRICTIONS, AND EXPECTATIONS FOR
PARTICIPANTS**

Please READ each point carefully and initial next to each number indicating you understand that point.

- _____ 1. All persons authorized to ride in police vehicles will participate only in the capacity of passenger / observer. Participants will not take part in any police action or function.
- _____ 2. Participants will not operate any police vehicle, possess or handle firearms or weapons, or use any police equipment.
- _____ 3. Each participant is under the control of the officer to which they are assigned. An officer experiencing difficulty with a participant shall immediately contact a supervisor.
- _____ 4. Participants may not dress in **blue jeans, shorts, t-shirts, hoodies, ball caps, open-toes and / or tennis shoes.** Appearance should be neat in appearance, business casual or BDU style pants with a tucked-in collared shirt. A participant in inappropriate attire may be denied their ride-along at the discretion of the on-duty supervisor and will have to reschedule.

Have you ever participated in the HPD Ride-Along Program in the past?

_____ YES _____ NO

Date of last ride-along with the Hickory Police Department?
