



New Britain Police Department Internship Program Application Form



This application form is to be completed by the student applying for entry to the Internship Program operated in conjunction with C.C.S.U.'s Criminal Justice – Field Study Program. Any student who fails to complete the application or furnishes false information will **not** be accepted into the program.

The applicant must be able to pass a background check consistent with the P.O.S.T.C. requirements for entry level police candidates.

THE CHIEF OF POLICE RESERVES THE RIGHT TO REFUSE AND DENY ANY STUDENT ENRTY OR CONTINUATION IN THE NEW BRITAIN POLICE DEPARTM,ENMTS'S INTERNSHIP PROGRAM.

Internship Semester: _____ Year: _____
(Spring, Summer, Fall)

Students Name: _____
(Print: Last Name, First Name, Middle Initial)

Date of Birth: ____ / ____ / ____ Driver's License: _____
(State and Number)

Local Address: _____
(Number, Street, City, State, Zip Code)

Local Telephone Number: (____) _____

Cell Phone Number: (____) _____

Email Address: _____

Permanent Address: _____
(Number, Street, City, State, Zip Code)

Home Telephone Number: (____) _____

Person to Contact in Case of Emergency: _____

Emergency Telephone Number: (____) _____

Social Security Number: _____