



What Internship Track are you applying for? \_\_\_\_\_

For Semester beginning Fall 20\_\_\_\_\_

For Semester beginning Spring 20\_\_\_\_\_

For Semester beginning Summer 20\_\_\_\_\_

Is there a specific date you need to commence your Internship? \_\_\_\_\_

Are you available for a part time  or full day program?

What days of the week and times are you available?

\_\_\_\_\_

What skills do you hope to learn through this internship opportunity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your educational/academic program complement the Internship you are seeking?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us about your employment history and give an example of your most successful experience?

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Have you ever been dismissed from a job/school of higher learning?

Yes     No

If yes, please explain: \_\_\_\_\_

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**COMMENTS**

This space is provided for your use in giving us any additional information about yourself not already covered by this form, e.g. interests, plans, special skills, goals or any other information that you feel we should know in considering you for this internship.

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**To be completed by Intern:**

**Statement:** I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application is grounds for removal from the Internship Program.

Date: \_\_\_\_\_ Signature of Intern: \_\_\_\_\_

**To be completed by High School/College/University Official:**

**Statement:** I certify that this student is in good standing at:

High School/College/University \_\_\_\_\_

Date: \_\_\_\_\_

Signature of H.S./College/University \_\_\_\_\_

Official: Title: \_\_\_\_\_

**RELEASE**  
**THE Town of Mattapoissett Police**  
**Department**

I, \_\_\_\_\_ , am approved by the Chief of Police  
of Mattapoissett to work as an Intern.

I release and forever discharge the Commonwealth of Massachusetts  
and all of its officers, agents, and employees, acting officially  
or otherwise, from any and all claims, demands, action, or causes  
of action on account of my death or injury to myself or damage to  
my property which may occur as the result of any act by an inmate  
during the performance of the above-mentioned service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AGREEMENT TO ABIDE BY RULES  
THE MATTAPOISETT POLICE  
DEPARTMENT**

I, \_\_\_\_\_, agree to abide by all applicable laws, rules, regulations and policies governing persons employed by the Mattapoissett Police Department especially those relating to confidentiality.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **BACKGROUND INFORMATION REQUEST AND WAIVER**

(PLEASE PRINT CLEARLY OR TYPE)

INSTITUTION/DIVISION \_\_\_\_\_

NEW EMPLOYEE

**PERSONAL DATA:**

NAME

\_\_\_\_\_

LAST FIRST MIDDLE

PREVIOUS NAME AND/OR ALIAS \_\_\_\_\_

RESIDENTIAL ADDRESS

(Not a P.O. Box) NUMBER STREET

HAVE YOU EVER RESIDED IN ANOTHER STATE? \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ CITY STATE ZIP

IF YES, WHICH STATE (S)? \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_

SEX \_\_\_\_\_ RACE \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

I, \_\_\_\_\_, hereby release, discharge, and exonerate the Mattapoisett Police Department, its agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Mattapoisett Police Department.

I further understand that the Mattapoisett Police Department will conduct a background investigation which will include a check with any past employers, a criminal records check with the local police department, the State Police, the FBI in Washington D.C., the Massachusetts Board of Probation, Registry of Motor Vehicles and interviews with my character references. The Mattapoisett Police Department will conduct these checks as the Department deems necessary, including but not limited to initial hire, promotion, investigations and disciplinary cases.

Signed \_\_\_\_\_ Date \_\_\_\_\_