



# Saint Louis Metropolitan Police Department Internship Application

Community Engagement/Organizational Development Division

## **Personal Information**

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License/ Permit # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for Citizenship. Can you provide such documentation? Yes No

Have you ever been employed by the SLMPD? If so, when?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for a civilian or civilian recruit in training position with the SLMPD? If so, when?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served as a volunteer or intern with the SLMPD? If so, when?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a relative or friend employed with the SLMPD? If so, who?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Internship Information**

Please circle the Division you are interested in Interning with:

Intelligence

Laboratory

Bomb & Arson

Do you desire academic credit for your internship?      Yes      No

If so, how many hours do you need? \_\_\_\_\_ How many hours can you work per week? \_\_\_\_\_

When can/would you start the internship? \_\_\_\_\_

Why are you interested in participating in an internship with the SLMPD?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

**Education and Professional History**

School Information

Current/Most Recent School Attended: \_\_\_\_\_

Grade or Degree Attained: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

GPA: \_\_\_\_\_

Employment Information (If Applicable)

Employer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

City State Zip Code

Employer's Phone Number: (\_\_\_\_) \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Have had any previous law enforcement training or experience? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**References**

Please list two character references who are not relatives

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Relationship to Reference \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Relationship to Reference \_\_\_\_\_

**Criminal History**

Have you ever been arrested, detained, taken into custody or convicted of a crime in this state, any other state, in military service, or elsewhere? If so, please provide the date, actual charge or violation, location (city/state), court disposition or sentence, police agency concerned. Minor City Ordinance/Traffic Convictions need not be listed unless you were arrested. Those with criminal convictions may be considered for admission.

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Intern Applicants who are found to have committed any serious crimes may be excluded from consideration even if no conviction occurred. Intern Applicants who are found to have intentionally falsified or omitted any information from this application will be disqualified from further consideration.

**Intern Applicant’s Acknowledgement:**

No question on this intern application is posed for the purpose of limiting or excluding consideration of any applicant for intern assignments because of race, color, religion, age, sex, national origin, disability or sexual orientation.

The intern applicant understands that neither this document nor any offer of intern assignments from the Saint Louis Metropolitan Police Department constitutes an employment contract unless a specific document is executed in writing by the Metropolitan Police Department – City of St. Louis and volunteer.

I certify that answers given in this internship application are true and complete to the best of my knowledge. I understand and agree that the St. Louis Metropolitan Police Department will perform a criminal history inquiry.

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Signature of Intern Applicant                      Date

**Completed applications can be mailed to:**  
Community Engagement/Organizational Development Division  
Metropolitan Police Department  
1915 Olive St.  
St. Louis, MO 63103

**Questions?**  
Contact:  
314-444-5638