



Dakota County Sheriff's Office Internship Application

Please review the guidelines for Student Internship Program before completing this application.

Student Information			
Name:		Date of application:	
Driver's License Number:		Date of birth:	
Primary phone #:		Secondary phone #:	
E-mail:			
Address:			Are you a resident of Dakota County? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	State:	ZIP:	

School Information	
School name:	
School contact person:	Phone:
School contact e-mail:	
List your program and the degree you are working on:	
Instructor name:	Phone:
Instructor e-mail:	
Major:	
Awards:	

Internship Details		
Number of required hours:	Start date:	End date:

List any clubs/groups you are affiliated with (scouts, explorers, sports):

Write a short statement as to your goals within the next five years and what steps you are taking to reach them:

Please list **three** references (1 must be a professional reference):

Name: _____

Phone Number: _____

Address: _____

Relationship to you: _____ Years known _____

Name: _____

Phone Number: _____

Address: _____

Relationship to you: _____ Years known _____

Name: _____

Phone Number: _____

Address: _____

Relationship to you: _____ Years known _____

By signing this application for the Dakota County Sheriff's Internship Program, the applicant is giving Dakota County Sheriff's Office permission to conduct a criminal background check and to contact the listed references.

Applicant Signature

Date