STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
DIVISION OF STATE POLICE
P.O. BOX 430
DOVER, DELAWARE 19903

Prospective Intern:

The Delaware State Police (DSP) Internship Program is an uncompensated educational program that focuses on exposing individuals interested in a career in law enforcement to the various facets of the Delaware State Police while allowing development of practical skills.

The mandatory requirements for an internship are as follows:

- Must be actively attending a Delaware College/University OR a State of Delaware resident;
- A minimum of 30 college credits;
- 2.5 Grade Point Average (GPA) or higher;
- Must receive college credit from your College/University for participation;
- Ability to work in a professional environment; and
- Must be able to commit at least 15 hours per week

The following documents must be submitted in order for an applicant to be considered:

- Internship Application
- Internship Background Investigation Questionnaire
- Authorization for Release of Information
- Resume
- College/University Sponsorship Form

All forms must be filled out legibly (preferably typed) and in their entirety. **Internship Programs are only conducted during the Fall, Winter, and Spring Semesters**. Failure to fully complete or provide all necessary forms may delay or exclude an application from the Internship Program.

Completed applications and required documents should be submitted or postmarked by the deadline specified below via:

Postal Service:	OR	Email	**DEADLINES**:
Delaware State Police ATTN: Recruiting Unit Post Office Box 430 Dover, Delaware 19903		dsprecruiting@delaware.gov	Fall Semester: June 30th Winter Semester: October 31st Spring Semester: December 31st

Regards,

CAPT. Jon F Wood

Captain Jon F. Wood
Director of Human Resources

STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY – DIVISION OF STATE POLICE

INTERNSHIP APPLICATION

(REV. 06/2019)

INTERNSHIP PERIOD					
	Fall Semester Application Due: June 30th		**Winter Semester** Application Due: October 31st		**Spring Semester** Application Due: December 31st

APPLICANT INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
MAILING ADDRESS (STREET NO, STREET NAME, CITY/TOWN, STATE, ZIP)			
CELL PHONE NO.	E-MAIL ADDRESS	ETHNIC BACKGROUND (OPTIONAL): ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ HISPANIC/LATINO ☐ NATIVE AMERICAN/INDIAN ☐ PACIFIC ISLANDER ☐ WHITE/CAUCASIAN	
DATE OF BIRTH	SOCIAL SECURITY NUMBER		
GENDER ☐ MALE ☐ FEMALE	DRIVER'S LICENSE: STATE & NO.		

EDUCATION INFORMATION		
COLLEGE/UNIVERSITY		
MAJOR	CUMULATIVE G.P.A.	CURRENT NUMBER OF EARNED CREDITS

SUPPLEMENTAL INFORMATION				
Are you actively attending the College/University listed above?		Yes		No
Will you be receiving credits for this Internship?		Yes		No
Are you able to commit at least fifteen (15) hours per week to this Internship?		Yes		No
Are you a Delaware Resident?		Yes		No
Are you able to work in a professional environment?		Yes		No

I hereby certify that the information included herein this Internship Application and supplemental documentation is true and correct to the best of my knowledge and belief and that misrepresentation or misstatement of facts is sufficient cause for the rejection of my application or removal from the position.

APPLICANT SIGNATURE	DATE

STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY – DIVISION OF STATE POLICE

INTERNSHIP BACKGROUND INVESTIGATION QUESTIONNAIRE

(REV. 06/2019)

APPLICANT INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

INSTRUCTIONS:
This form must be completed accurately and in its entirety. All statements contained within this questionnaire are subject to verification. Incorrect and/or false statements may bar or remove you from consideration. If the space provided is inadequate, use a continuation sheet and properly identity the question for which you are adding additional information.

PHYSICAL DESCRIPTION:

CURRENT WEIGHT	HEIGHT	EYE COLOR	HAIR COLOR
DESCRIPTION OF TATTOOS			

CURRENT EMPLOYMENT:
If you are employed, provide the following information regarding your employer. If you are not employed, type "N/A".

EMPLOYER	
SUPERVISORS NAME	PHONE NUMBER
JOB DESCRIPTION	

DRUG USAGE:
Provide information regarding to any illegal drug that you have smoked, experimented, tasted, ingested, sniffed or used in any other manner.

Have you ever used any of the following: ▪ Marijuana ▪ Hallucinogenic Drugs (LSD, mushrooms, saliva, PCP, ecstasy, etc.) ▪ Any other illegal drugs		YES		NO
If yes, you must list the substance used, number of times used, month/year of last activity, and a description of the usage.				

CRIMINAL RECORD/ACTIVITY:
You will be required to submit to a Certified Criminal History Check later in the process.

Have you ever been arrested, interviewed, interrogated, detained, or indicated?		YES		NO
If yes, you must provide a detailed explanation for each instance. If you require additional space, please continue you response in a word document and attached to this document when submitting.				

CRIMINAL RECORD/ACTIVITY: ***(CONTINUED)***

Have you ever been convicted of a crime?		YES		NO
If yes, you must provide a detailed explanation for each instance. If you require additional space, please continue you response in a word document and attached to this document when submitting.				

Do you have any criminal charges pending?		YES		NO
If yes, you must provide a detailed explanation for each instance. If you require additional space, please continue you response in a word document and attached to this document when submitting.				

CHARACTER REFERENCES:
Provide the name of three (3) character references who are not related to you by blood or marriage. All persons to whom you refer may be asked to appraise our character, ability, experience, personality, and other qualities.

FULL NAME	
MAILING ADDRESS (STREET NO, STREET NAME, CITY/TOWN, STATE, ZIP)	
CELL PHONE NO.	E-MAIL ADDRESS

FULL NAME	
MAILING ADDRESS (STREET NO, STREET NAME, CITY/TOWN, STATE, ZIP)	
CELL PHONE NO.	E-MAIL ADDRESS

FULL NAME	
MAILING ADDRESS (STREET NO, STREET NAME, CITY/TOWN, STATE, ZIP)	
CELL PHONE NO.	E-MAIL ADDRESS

NOTE: If you feel that there is any additional information that should be considered by the Delaware State Police when evaluating your application for Intern, please explain on a separate sheet of paper and submit with your application.

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AUTHORIZATION FOR RELEASE OF INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	**DATE OF BIRTH**	**PLACE OF BIRTH**	
CURRENT ADDRESS (NUMBER, STREET, APT NO., CITY OR TOWN, STATE, AND ZIP CODE)			
SELECTIVE SERVICE NUMBER	**BRANCH OF SERVICE**	**VETERAN'S ADMINISTRATION FILE #**	

I, _____ do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized personnel of the Delaware State Police and/or any medical provider contracted by the agency, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material for my employment with the Delaware State Police.

I authorize the full and complete disclosure of the records of educational institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the United States Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

I authorize the National Personnel Records Center (St. Louis, Missouri), or other custodian of military record to provide to the Delaware State Police, information or photocopies from my military personnel and related medical records. This could include a photocopy of my DD Form 214 (Report of Separation).

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signatures. I agree to indemnify and hold harmless employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

_____ | _____

Applicant Signature **Date**

(NOTARY SEAL)

_____ _____

Signature of Notary Public **Date**

STATE OF DELAWARE
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INTERNSHIP COLLEGE/UNIVERSITY SPONSORSHIP FORM

(REV. 06/2019)

APPLICANT INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

INSTRUCTIONS:
This form must be completed by the College/University official that is responsibility for the supervision of the Internship Program. It will be the responsibility of the Internship Applicant to ensure that this form is completed, signed, and turned in to the Human Resources Office.

COLLEGE/UNIVERSITY NAME	
INTERNSHIP COORDINATOR	
EMAIL ADDRESS	PHONE NUMBER

I, the above listed Internship Coordinator and undersigned, certify that the information regarding the applicant below is true and accurate to the best of my knowledge and belief. Further, I certify that the applicant will be completing this internship for credit towards their education with the listed College/University.

Applicant's Current Total of Earned Credits:	
Applicant's Current Grade Point Average (GPA):	
Applicant's Student Identification Number:	

In order to receive credit for this Internship, the applicant must complete the following parameters based upon the College/University requirements.

Total Hours Required to be Completed:	
Any additional requirements should be listed here:	

INTERNSHIP COORDINATOR SIGNATURE	DATE