

ATTACHED ARE FOUR FORMS
(Completion of all forms is required.)

Application for Internship

Essay

Authorization to Release Information - regarding employment, educational, military, references, and medical (after conditional offer).

Authorization to Obtain Financial Information - allows financial status and credit history to be considered for employment.

**PLEASE COMPLETE AND SIGN
ALL FORMS**



MISSOURI STATE HIGHWAY PATROL
APPLICATION FOR STUDENT INTERNSHIP

SHP-754C 02/04

PRINT OR TYPE

DATE	SOCIAL SECURITY NO. (for identification purposes only)	DATE OF BIRTH (for identification purposes only)
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NAME (Last)	(First)	(Middle)
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CURRENT ADDRESS (Street, HCR, Route Number)	(City, State, Zip Code)
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TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	E-MAIL ADDRESS
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HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?
 YES NO IF YES, EXPLAIN

HAVE YOU EVER BEEN TERMINATED (OR ASKED TO RESIGN) FROM A JOB?
 YES NO IF YES, EXPLAIN

A COPY OF ALL TRANSCRIPTS MUST BE SUBMITTED WITH THE APPLICATION.

NAME OF COLLEGE / UNIVERSITY CURRENTLY ATTENDING	LOCATION
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TYPE OF DEGREE	YEAR DEGREE WILL BE COMPLETED
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MAJOR COURSE OF STUDY	GRADE POINT AVERAGE (attach copy of transcript)
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NAME & TELEPHONE NUMBER OF INTERN ADVISOR	NUMBER OF CREDIT HOURS TO BE RECEIVED
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TROOP / DIVISION WHERE INTERNSHIP WOULD BE PREFERRED

BRIEFLY DESCRIBE THE REQUIREMENTS NEEDED TO COMPLETE YOUR COLLEGE / UNIVERSITY INTERNSHIP PROGRAM
(e.g., time frame of the internship (from mm/dd/yy to mm/dd/yy), number of hours per day you are available during the internship, days of the week you will complete your internship, number of work hours required to complete the internship, and reports and/or summaries needed to be completed by the affected troop or division)

EMPLOYMENT RECORD

- List your work experiences, starting with the most recent. To describe additional work experience or add more detail to the "Duties" section, attach a blank sheet of paper using the same format as used here.
- A resume may NOT be substituted for information requested below.
- List all previous names you have used. _____

PRESENT OR LAST EMPLOYMENT

EMPLOYER	ADDRESS		
JOB TITLE	FROM (Month/Year)	TO (Month/Year)	HOURS PER WEEK
NAME OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PREVIOUS EMPLOYMENT

EMPLOYER	ADDRESS		
JOB TITLE	FROM (Month/Year)	TO (Month/Year)	HOURS PER WEEK
NAME OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			

NAMES OF RELATIVES NOW WORKING FOR THE MISSOURI STATE HIGHWAY PATROL

NAME	RELATIONSHIP
NAME	RELATIONSHIP

PERSONAL REFERENCES (List three references; do not include previous employer or relative.)

NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER

VOLUNTEER EXPERIENCE (Describe your volunteer experience, to include month and year, whether full or part-time, number of hours per week, employer address, position held, and specific duties.)

DO YOU REQUIRE SPECIAL ACCOMMODATIONS FOR COMPLETION OF THE INTERNSHIP?
 YES NO

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge. I understand deliberate misrepresentation or omission of information is cause for rejection of my application or subsequent dismissal from an internship. I further understand that completion of this form does not guarantee my placement in an internship, does not indicate there are internships available, and in no way obligates the Missouri State Highway Patrol.

SIGNATURE	DATE
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Mail this application to the following address. Feel free to contact us if you have any questions.

Missouri State Highway Patrol
 Human Resources Division
 1510 East Elm Street, P.O. Box 568
 Jefferson City, MO 65102
 Telephone (573) 526-6117 Fax (573) 751-9419
 Voice / TDD (573) 751-3313

Instructions: Please write a two-page narrative responding to the statement below and submit it with your completed application.

“How will your internship benefit the Missouri State Highway Patrol and you as a person?”

MISSOURI STATE HIGHWAY PATROL
AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the Missouri State Highway Patrol with any and all information they may request concerning my work record, educational history, military record, traffic record, criminal record, medical history, and general reputation. I also, request and authorize you to furnish any organization or individual conducting a background investigation on behalf of the Missouri State Highway Patrol with this same information. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the Missouri State Highway Patrol.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested or from any subsequent use of such information in determining my qualifications for employment with the Missouri State Highway Patrol.

A photocopy or facsimile of this release will be valid as an original thereof for one year from date of execution.

Applicant's Signature _____ Date _____

Witness' Signature _____ Date _____

Type or print legibly the following information:

Applicant's Name _____

Date of Birth _____

Social Security Number _____

Current Address _____

**MISSOURI STATE HIGHWAY PATROL
AUTHORIZATION TO OBTAIN FINANCIAL INFORMATION**

I authorize the Missouri State Highway Patrol to request information concerning my financial status and credit history. I also authorize any organization or individual conducting a background investigation on behalf of the Missouri State Highway Patrol to obtain this same information. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. I understand that this information will be used for the purpose of determining my eligibility for employment with the Missouri State Highway Patrol.

I hereby release the Missouri State Highway Patrol from any liability which may or could result from the use of such information in determining my qualifications for employment with the Missouri State Highway Patrol.

Applicant's Signature _____ Date _____

Witness' Signature _____ Date _____

Type or print legibly the following information:

Applicant's Name _____

Date of Birth _____

Social Security Number _____

Current Address _____



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
(Compliance with Section 105.262, RSMo)

I, _____, authorize and request the Missouri Department of Revenue to release confidential individual income tax information to

_____ Missouri State Highway Patrol _____ (name of agency or department).

I understand the release of this information is to ensure I am in compliance with the individual income tax filing and paying requirements as described in Section 105.262, RSMo. I further agree that this authorization will be effective immediately upon my signature. If I am employed by the State of Missouri, this authorization will be ongoing until I leave employment from the State of Missouri.

My social security number is: _____

The Director of Revenue and Department personnel, are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information under Section 32.057, RSMo, or any other applicable confidentiality statute.

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.

SIGNATURE

DATE

This form is to be retained by the Agency. Do not send to the Department of Revenue.