



# APPLICATION FOR STUDENT INTERNSHIP

**PRINT OR TYPE**

NAME (Last, First, MI)

CURRENT ADDRESS (Street, HCR, Route Number, City, State, Zip Code)

TELEPHONE NUMBER

ALTERNATE TELEPHONE NUMBER

E-MAIL ADDRESS

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

TYPE OF DEGREE

YEAR DEGREE WILL BE COMPLETED

MAJOR COURSE OF STUDY

GRADE POINT AVERAGE (attach copy of transcript)

NAME & TELEPHONE NUMBER OF INTERN ADVISOR

NUMBER OF CREDIT HOURS TO BE RECEIVED

TROOP / DIVISION WHERE INTERNSHIP WOULD BE PREFERRED

NUMBER OF WORKING HOURS NEEDED

INTERNSHIP START DATE

INTERNSHIP END DATE

BRIEFLY DESCRIBE THE REQUIREMENTS NEEDED TO COMPLETE YOUR COLLEGE / UNIVERSITY INTERNSHIP PROGRAM

(e.g., number of hours per day you are available during the internship, days of the week you will complete your internship, and reports and / or summaries needed to be completed by the affected troop or division)



<b>EMPLOYMENT RECORD</b>			
<ul style="list-style-type: none"> <li>• List your work experience, starting with the most recent. To describe additional work experience or add more detail to the Duties section, attach additional documentation.</li> <li>• A resume may NOT be substituted for information requested below.</li> </ul>			
<b>PRESENT OR MOST RECENT EMPLOYMENT</b>			
EMPLOYER		ADDRESS	
JOB TITLE	FROM (Month/Year)	TO (Month/Year)	HOURS PER WEEK
DUTIES			
NAME OF SUPERVISOR		TELEPHONE NUMBER	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PREVIOUS EMPLOYMENT</b>			
EMPLOYER		ADDRESS	
JOB TITLE	FROM (Month/Year)	TO (Month/Year)	HOURS PER WEEK
DUTIES			
NAME OF SUPERVISOR		TELEPHONE NUMBER	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>NAMES OF RELATIVES NOW WORKING FOR THE MISSOURI STATE HIGHWAY PATROL</b>			
NAME		RELATIONSHIP	
NAME		RELATIONSHIP	
<b>PERSONAL REFERENCES (List three references. Do not include previous employers or relatives.)</b>			
NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER
DO YOU REQUIRE SPECIAL ACCOMMODATIONS FOR COMPLETION OF THE INTERNSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain			
<b>NARRATIVE</b>			
Please provide responses to each question below and submit them with your completed application. The responses should be double-spaced and twelve-point font.			
1. What career field(s) are you interested in pursuing?			
2. How will your internship assist you in learning, specifically in ways the classroom can not?			
3. What are your future career goals and how will your internship contribute to achieving these goals?			
4. How will your internship benefit the Missouri State Highway Patrol?			
5. What specific skills do you have that will lead to continued success of the Missouri State Highway Patrol?			

The Missouri State Highway Patrol is firmly committed to a policy of equal employment opportunity and of nondiscrimination in public service. The Patrol will administer personnel policies and conduct employment practices in a manner that treats employees and qualified applicants on the basis of qualifications, experience, and other work-related criteria without regard to race, color, religion, sex, age, national origin, veteran status, ancestry, sexual orientation, or disability. Equal opportunity will be provided in all personnel practices, such as recruitment, hiring, training, promotion, classification/compensation, transfer, demotion, termination, layoff, disciplinary action, benefits, and social or recreational programs.

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.

I certify that the information provided herein is true and complete to the best of my knowledge. I understand misrepresentation or omission of information on this application and/or inserts, including relatives working for MSHP, educational attainments, work history, professional credentials, criminal history, etc. is cause for rejection of my application or subsequent dismissal from an internship.

It is the intent of the Missouri State Highway Patrol (MSHP) to provide a drug-free workplace to protect the health and safety of employees and the general public. All applicants offered employment with MSHP must successfully pass a urine specimen drug test, at MSHP's expense. Applicants who fail the drug test, or applicants who refuse to be tested or fail to report for a drug test, will not be considered again for employment. I understand that any employment offer will be contingent upon my passing the drug test.

SIGNATURE

DATE

Completion of the application and all forms is required for consideration. Email completed application to [internship@mshp.dps.mo.gov](mailto:internship@mshp.dps.mo.gov) or mail the 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 (978) 313-7936  
Voice / TDD (573) 751-3313

**MISSOURI STATE HIGHWAY PATROL  
BACKGROUND CHECK AUTHORIZATION**

**CRIMINAL BACKGROUND CHECK AUTHORIZATION**

I authorize the Missouri State Highway Patrol to conduct an investigation and to obtain any information regarding my criminal history. This includes pending charges and convictions for a misdemeanor or a felony. Each case is considered on an individual basis; however, falsification of the application will result in disqualification.

**DEPARTMENT OF REVENUE AUTHORIZATION**

I authorize the Missouri Department of Revenue to furnish to the Missouri State Highway Patrol information regarding the status of my driver's license. I authorize the Missouri Department of Revenue to release confidential individual income tax information. 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. 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.

**FINANCIAL INFORMATION AUTHORIZATION**

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 also hereby release any person, entity, or organization providing information pursuant to this release 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.

**GENERAL INFORMATION AUTHORIZATION**

I authorize the Missouri State Highway Patrol to request information concerning my work record, including disciplinary information, educational history, military record, traffic record, criminal record, and general reputation. 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, including internal affairs or professional standards investigations, 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 also hereby, release any person, entity, or organization providing information pursuant to this release 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.

I do hereby release and forever discharge Missouri State Highway Patrol and its officers, agents, and employees, from any and all liability arising out of or in any manner relating to the performance of the above background/information checks and the disclosure of any information made with regard thereto.

I confirm that the information that I am providing is true and accurate to the best of my knowledge. I agree and give permission for Missouri State Highway Patrol to use the personal data submitted for the above purposes. I have read and understand the above paragraphs.

NAME (First, Middle, Last, Suffix)

PREVIOUSLY USED NAMES

MAILING ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SIGNATURE

DATE