

Bergen County Sheriff's Office



Internship Program Application

Name: _____

BERGEN COUNTY SHERIFF'S OFFICE



Office of the Bergen County Sheriff
2 Bergen County Plaza
Hackensack, N.J. 07601
(201) 336-3540
www.bcsd.us

**INSERT
PHOTO
HERE**

**Please Provide a Current
Headshot Photo
2 1/2 X 2 1/2**

Last Name: _____ First Name: _____

Address: _____ Apartment/Floor: _____

City: _____ State: _____ Zip: _____

D.O.B.: _____ Social Security Number: _____

Telephone Number: _____ E-Mail Address: _____

Driver's License Number: _____ State: _____

Emergency Contact Person: _____

Relationship: _____ Phone Number: _____

Have you ever served in the military?

YES **NO**

If yes please give details:

Have you ever been convicted of a crime that has been expunged by the court?

YES **NO**

If yes, give details of each conviction and disposition below. A conviction will not necessarily preclude you from consideration unless such conviction(s) relate adversely to the position sought:

Present Employer: _____

Employer's Address: _____

Job Title: _____ Telephone Number: _____

How long have you been employed there? _____

If you are not currently employed, please list your previous employer(s):

******* To be eligible for an internship, you must be enrolled in an internship program through your college. Please list the days and hours you are available to work*******

Days:

Hours:

Please list two references:

Name: _____ Address: _____

Phone #: _____ Relationship to you: _____

Name: _____ Address: _____

Phone#: _____ Relationship to you: _____

I, the undersigned hereby:

- Understand that as a condition of volunteering a criminal background check will be done. Please be advised that volunteering is contingent upon a clean background check.
- Understand that all information requested will be confidential and that an investigation into my background will be necessary.
- Understand and agree to abide by all regulations and confidentiality.
- Acknowledge that, to the best of my ability, all the information on this form is true.

Applicant Signature: _____ Date: _____

NEW JERSEY STATE POLICE-STATE BUREAU OF IDENTIFICATION

REQUEST FOR CRIMINAL HISTORY AND DMV RECORD INFORMATION

PURPOSE OF REQUEST: **INTERNSHIP**

PLEASE CONDUCT A NAME SEARCH FOR THE FOLLOWING INDIVIDUAL:

NAME: _____ SSN# _____

DOB: _____ SEX: _____ RACE: _____

I HEREBY AUTHORIZE A CRIMINAL BACKGROUND SEARCH FOR THE PURPOSES OF PARTICIPATING IN THE BCSO INTERNSHIP PROGRAM.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY: DO NOT FILL OUT BELOW THIS LINE

RECORDS REQUESTED:

- PRIOR COURT HISTORY
- DETAIL HISTORY
- III/FBI & ALL OTHER STATES
- ACES/FACTS

NEW JERSEY DMV REQUEST
(*Please also attach a copy)

DL# _____

OPERATOR: _____
DATE: _____
_____ No match found

AUTHORIZED PERSON MAKING REQUEST:

Name

Signature

**PARENTAL/GUARDIAN
WAIVER AND CONSENT**

Name of Intern _____

Internship Description _____

Name of Parent/Guardian _____ Telephone # _____

Emergency Contact Person _____ Telephone # _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

As the parent/legal guardian of the participating intern named above, I hereby give my full consent and approval for the participation of my son/daughter/dependent to participate in the above-described academy.

I understand that there are certain risks of injury inherent in this activity, as well as in traveling and other related activities incidental to my child/dependent's participation, and I am willing to assume these risks on behalf of my child/dependent. I hereby certify that my child/dependent is fully capable of participating in the designated academy and that my child/dependent is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this academy, except as listed below.

In addition to giving my full consent for my, or my child's/dependent's participation, I do hereby waive, release and hold harmless _____, its officers, volunteers and representatives for any injury that may be suffered by me, or my child/dependent, in the normal course of participation in the designated academy and the activities incidental thereto, whether the result of negligence or any other cause.

Please list any physical limitation (allergies, hearing, sight, etc.) _____

X _____ Date _____
(Parent's Signature)



OFFICE OF THE BERGEN
BERGEN COUNTY JUSTICE CENTER

COUNTY SHERIFF

HACKENSACK, N.J. 07601
(201)336-3540

Michael Saudino
SHERIFF

MEMORANDUM

TO: All Civilian Interns
FROM: Sergeant Nichelle Ponder #1507
DATE: March 12, 2018
SUBJECT: Attire and Grooming

Clothing (Male & Female)

- All civilian personnel, unless otherwise designated to wear a specific uniform or outfit, will dress appropriately and maintain a suitable appearance according to the person's position or assignment.
- All male personnel assigned to an office environment are expected to wear appropriate business attire to include a collared shirt, dress pants, and proper dress shoes.
- All female personnel assigned to an office environment are expected to wear appropriate business attire.
- The wearing of shorts, jeans, tank tops, t-shirts, halters, sneakers, and sandals are not considered suitable attire for a business or professional work environment.

Hair

- No Civilian shall wear their hair in any style or color which would create a negative appearance, draw undue attention to themselves, or reflect negatively upon the professional image of the Bergen County Sheriff's Office.
- All civilians will maintain proper personal hygiene and appearance.

Print Name _____

Signature X _____

**INTERN
WAIVER AND CONSENT**

Name of Intern _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Person _____ Telephone # _____

I hereby give my full consent and approval for my participation in this program with the County of Bergen.

I understand that there are certain risks of injury in my academy duties, as well as in traveling and other related activities related to the academy, and I am willing to assume these risks. I hereby certify that I am fully capable of participating in this academy, healthy and have no physical or mental disabilities or infirmities that would restrict full participation in this academy, except as listed below.

In addition to giving my full consent for my participation, I do hereby waive, release and hold harmless The County of Bergen, its officials, employees, officers, supervisors, volunteers, and representatives for any injury that may be suffered by me in the normal course of participation in this academy and the activities incidental thereto, whether the result of negligence or any other cause.

Please list any physical limitation (allergies, hearing, sight, etc.):

X _____ Date _____

(Participant's Signature)

Please mail completed form and current photo to:
Bergen County Sheriff's Office
Community Outreach Unit
2 Bergen County Plaza
Hackensack, NJ 07601