



APPLICATION FOR VOLUNTEER/INTERN OPPORTUNITIES

Chandler Police Department

PHYSICAL ADDRESS
250 E. Chicago Street
Chandler, AZ 85225

MAILING ADDRESS
ATTN: Margarita Encinas
Chandler Police Department
Mail Stop 303M, P.O. Box 4008
Chandler, AZ 85244-4008

Crime Analysis & Research Unit

Name: Last First Middle

Address: Number Street City ZIP

Table with 2 columns: CREDIT HOURS REQUESTED, UNIVERSITY NAME, SCHOOL, COLLEGE. Includes example text: Ex: Arizona State University, School of Public Affairs, College of Criminal Justice & Criminology.

Date of Birth: S.S. No.:

Driver's License State/No. You must attach a copy of your valid driver's license.

Home Phone No.: Work Phone No.:

Pager No.: Cell Phone No.:

Email Address:

Please list and explain any other names you have used:

List any languages, other than English, which you speak fluently:

List any special skills, training, interests or hobbies you have that may be useful to the Police Department:

**Educational Background – (Unofficial transcripts will be required for college attendance)**

EDUCATION	SCHOOL NAME	LOCATION	DEGREE RECEIVED	MAJOR COURSE OF STUDY	DATES ATTENDED	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

*Include High School to current.*

Volunteer Experience: \_\_\_\_\_

Days available for volunteer work (circle) Mon Tue Wed Thu Fri

Preferred hours per day: \_\_\_\_\_ to \_\_\_\_\_  
 (Hours available – Mon, Tue, Thu, Fri 7:30AM to 5:00PM and Wed Noon to 5:00 PM)

**EMPLOYMENT HISTORY**

Please list last ten years employment starting with the most current

EMPLOYMENT HISTORY	EMPLOYER	EMPLOYMENT HISTORY	MAJOR DUTIES
	NAME	FROM	
	ADDRESS	TO	
		SALARY	HOURS PER WEEK
	JOB TITLE	SUPERVISOR'S NAME	REASON FOR LEAVING

Please list last ten years employment starting with the most current

EMPLOYMENT HISTORY	EMPLOYER	EMPLOYMENT HISTORY	MAJOR DUTIES
	NAME	FROM	
	ADDRESS	TO	
		SALARY	HOURS PER WEEK
	JOB TITLE	SUPERVISOR'S NAME	REASON FOR LEAVING

**PLEASE PRINT CLEARLY**

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JOB TITLE	SUPERVISOR'S NAME	REASON FOR LEAVING	

Please list any/all software programs you have used and rate your experience with each.

Name of Software	Primary Use	Mark only one	Expertise Scale of 1 – 5. 5 Proficient, 3 Familiar, 1 Used once				
			5	4	3	2	1

**PLEASE PRINT CLEARLY**

I certify that all statements made in this application are true and I agree and understand that any misstatements or omissions of material facts will cause forfeiture on my part of all eligibility for any internship with the City. I hereby grant the City of Chandler permission to verify any and all information furnished on the internship application submitted by me. I also grant the City of Chandler permission to contact any person or organizations and question them about my job related suitability for internship. I further understand that this application with all attachments will be the property of the City of Chandler and considered a public record under Arizona State law and therefore subject to release without notice. Note to Police applicants only: Signing this application gives my permission for the Chandler Police Department to release information to the Consolidated Law Enforcement Application Reporting Systems (CLEARS).

I understand that in order to evaluate the fitness of prospective employees, the City of Chandler fingerprints all applicants selected for hire. I further understand that all applicants selected for hire are subject to a drug/alcohol test as a condition of internship and all offers are contingent upon negative test results. I understand and agree that I may be subject to a background investigation if I am selected for hire to a position that requires access to a restricted area(s).

By signing this application form, I certify that all information is true to the best of my knowledge. I give the City of Chandler authorization to investigate all matters contained in this application. I understand that it is my responsibility to keep the City of Chandler advised about any changes of address or phone number. I agree to obey all rules and procedures established by the City of Chandler. I further understand that I am a volunteer and therefore not entitled to any benefits (with the exception of Worker's Compensation) which are provided to employees of the City of Chandler, that I will be fulfilling job responsibilities without receiving a salary or hourly wage, and that my placement and retention as a volunteer is at the will of the City of Chandler.

EOE/ADA

Applicant's Signature X \_\_\_\_\_ Date \_\_\_\_\_

(Applications must be signed for consideration)