

United States Probation Office  
Northern District of Florida

**APPLICATION FOR STUDENT INTERN**

The student is required to fill out the application for student intern as completely and accurately as possible and to submit any requested documentation.

The U.S. Probation Office will corroborate the student's socio-economic history with family members or significant others.

<b>IDENTIFIERS</b>
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**NAME:**

LAST	FIRST	MIDDLE

**CONTACT INFORMATION:**

PHONE NUMBER (CELL)	PHONE NUMBER (HOME)	EMAIL ADDRESS

**ALIAS OR NICKNAME:**

LAST	FIRST	MIDDLE

**MAIDEN:**

LAST	FIRST	MIDDLE

**PARTICULARS:**

DATE OF BIRTH	SOC#	HEIGHT	WEIGHT	HAIR	EYES

**PLACE OF BIRTH:**

COUNTRY	STATE	CITY

**DRIVER LICENSE NUMBER:**

STATE	NUMBER

**TATTOOS:**

LOCATION	DESCRIPTION

**SCARS:**

LOCATION	DESCRIPTION

**PRIOR RECORD AND ARRESTS**

**JUVENILE RECORD:**

DATE OF ARREST	STATE	COUNTY	CASE NUMBER	OFFENSE	SENTENCE

**ADULT RECORD:**

DATE OF ARREST	STATE	COUNTY	CASE NUMBER	OFFENSE	SENTENCE

<b>EDUCATION</b>
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HIGHEST GRADE COMPLETED (CHOOSE ONE)

BELOW 9 <sup>TH</sup>	10 <sup>TH</sup>	11 <sup>TH</sup>	12 <sup>TH</sup>	GED
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DATE OF GRADUATION	
NAME OF SCHOOL	
ADDRESS	

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, PLEASE EXPLAIN WHY.

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WERE YOU EVER SUSPENDED FROM SCHOOL? (CIRCLE ONE) YES / NO  
IF YES, PLEASE EXPLAIN WHY.

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COLLEGE DEGREE(S)

DEGREE EARNED:	
DATE OF GRADUATION	
NAME OF SCHOOL	
ADDRESS	

DEGREE EARNED:	
DATE OF GRADUATION	
NAME OF SCHOOL	
ADDRESS	

**SPECIAL TRAINING AND VOCATION SKILLS**

TRAINING	CERTIFICATION	DATE	SCHOOL	LOCATION

**EMPLOYMENT**

**CURRENT EMPLOYMENT:**

DATE EMPLOYED	COMPANY	ADDRESS	PHONE	OCCUPATION

**PRIOR EMPLOYMENT:**

DATE EMPLOYED	DATE UN-EMPLOYED	COMPANY	ADDRESS	OCCUPATION	REASON FOR LEAVING

# FAMILY HISTORY

**LIST BIOLOGICAL, ADOPTED, AND STEP-PARENTS:**

RELATION	NAME	AGE	ADDRESS	PHONE	OCCUPATION

**LIST BROTHERS AND SISTERS:**

RELATION	NAME	AGE	ADDRESS	PHONE	OCCUPATION

**LIST STEP BROTHERS AND SISTERS:**

RELATION	NAME	AGE	ADDRESS	PHONE	OCCUPATION

IF ANY FAMILY MEMBERS LISTED ABOVE HAVE ANY CRIMINAL HISTORY, PLEASE EXPLAIN:

## MARITAL HISTORY

### CURRENT MARRIAGE:

SPOUSE'S MAIDEN NAME	AGE	ADDRESS

### INFORMATION:

DATE	STATE	COUNTY	CITY

### PRIOR MARRIAGES:

SPOUSE'S MAIDEN NAME	AGE	ADDRESS

	DATE	STATE	COUNTY	CITY
MARRIAGE				
DIVORCE				
WIDOWED				

SPOUSE'S MAIDEN NAME	AGE	ADDRESS

	DATE	STATE	COUNTY	CITY
MARRIAGE				
DIVORCE				
WIDOWED				

## CHILDREN

CHILD'S NAME	AGE	ADDRESS	MOTHER'S NAME

IF ANY SPOUSES, FORMER SPOUSES AND/OR CHILDREN LISTED ABOVE HAVE ANY CRIMINAL HISTORY, PLEASE EXPLAIN:

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**DRUG AND ALCOHOL HISTORY**

SUBSTANCE	# OF TIMES USED	DATE USED LAST	N/A IF NEVER USED
BEER			
WINE			
LIQUOR			
MARIJUANA			
COCAINE			
HEROIN			
HASHISH			
PCP			
OPIUM			
LSD			
OTHER			

**MENTAL HEALTH AND DRUG/ALCOHOL TREATMENT HISTORY**

NAME OF TREATMENT PROVIDER	
ADDRESS	
PHONE	
TYPE OF TREATMENT RECEIVED	

NAME OF TREATMENT PROVIDER	
ADDRESS	
PHONE	
TYPE OF TREATMENT RECEIVED	

NAME OF TREATMENT PROVIDER	
ADDRESS	
PHONE	
TYPE OF TREATMENT RECEIVED	

**RESIDENTIAL HISTORY**

FROM	TO	ADDRESS	CITY	COUNTY	STATE

**MILITARY RECORD**

BRANCH	
DATES OF DUTY	
SERIAL NUMBER	
DISCIPLINARY ACTIONS	
TYPE OF DISCHARGE	

**3 PERSONAL REFERENCES**

NAME	AGE	ADDRESS	PHONE	OCCUPATION	RELATIONSHIP

**REMARKS:** In at least 200 words, describe why you would like to complete an internship with the United States Probation Office (please include typed document with this application).

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_