

Mail, Fax or email to:

CCBI

Attn: Assistant Director Tim Anguish

P. O. Box 550

Raleigh, NC 27602

Raleigh/Wake City-County
Bureau of Identification
APPLICATION FOR INTERNSHIP
(PLEASE PRINT)

OFFICE: (919) 255-7355

FAX: (919) 255-7337

email: tim.anguish@wakegov.com

PERSONAL DATA

FIRST NAME		MIDDLE NAME	LAST NAME	
ADDRESS (Street Number and Name)		CITY	STATE	ZIP CODE
DATE OF BIRTH	MOBILE	HOME	EMAIL	

INTERNSHIP DATA

<ul style="list-style-type: none">Is the internship a requirement for graduation? <input type="checkbox"/> Yes <input type="checkbox"/> NoCheck the semester you wish to apply for: <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester <input type="checkbox"/> Fall Semester				
Course Major:		Course Minor:		
Date to Begin Internship	Number of Internship Hours Required:	Date of Graduation		
College/University Name:				
<ul style="list-style-type: none">Who is your faculty intern coordinator?				
Name/Title	Email:	Phone:		
<ul style="list-style-type: none">Have you ever been convicted of any unlawful offense, other than a minor traffic violation? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, please explain:				
NOTE: A conviction record will not necessarily exclude you from consideration. CCBI Interns may have access to confidential information whose access is restricted based upon established State or Federal standards/requirements.				
<ul style="list-style-type: none">Do you have a valid driver license? <input type="checkbox"/> No <input type="checkbox"/> Yes				

EDUCATION

	HIGH SCHOOL					VOCATIONAL/ TECHNICAL SCHOOL		COLLEGE/ UNIVERSITY				GRADUATE/ PROFESSIONAL			
School Name and Location															
Years Completed	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	GED <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Dates Attended (mo/yr)	From:		To:			From:		To:		From:		To:		From:	
List Credit Hours Received: (S) - Semester (Q) - Quarter															
Diploma/Degree Received															
Course of Study															

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information may result in the disqualification of your application.

May we contact your present employer? ☐ Yes ☐ No

A	Employer: (Present or most recent)		Address:		Phone No.:
	Job Title:		Name of Supervisor:		No. Supervised by You:
	Date Employed: (mo/yr)			Reason for Leaving:	
	Date Separated: (mo/yr)		Job Duties: (Be specific)		
	<input type="checkbox"/> Full-time # Years # Months <input type="checkbox"/> Part-time # Years # Months If part-time, number of hours per week				

B	Employer: (Present or most recent)		Address:		Phone No.:
	Job Title:		Name of Supervisor:		No. Supervised by You:
	Date Employed: (mo/yr)			Reason for Leaving:	
	Date Separated: (mo/yr)		Job Duties: (Be specific)		
	<input type="checkbox"/> Full-time # Years # Months <input type="checkbox"/> Part-time # Years # Months If part-time, number of hours per week				

C	Employer: (Present or most recent)		Address:		Phone No.:
	Job Title:		Name of Supervisor:		No. Supervised by You:
	Date Employed: (mo/yr)			Reason for Leaving:	
	Date Separated: (mo/yr)		Job Duties: (Be specific)		
	<input type="checkbox"/> Full-time # Years # Months <input type="checkbox"/> Part-time # Years # Months If part-time, number of hours per week				

D	Employer: (Present or most recent)		Address:		Phone No.:
	Job Title:		Name of Supervisor:		No. Supervised by You:
	Date Employed: (mo/yr)			Reason for Leaving:	
	Date Separated: (mo/yr)		Job Duties: (Be specific)		
	<input type="checkbox"/> Full-time # Years # Months <input type="checkbox"/> Part-time # Years # Months If part-time, number of hours per week				

EMPLOYMENT HISTORY CONTINUED

E	Employer: (Present or most recent)		Address:		Phone No.:
	Job Title:		Name of Supervisor:		No. Supervised by You:
	Date Employed: (mo/yr)			Reason for Leaving:	
	Date Separated: (mo/yr)		Job Duties: (Be specific)		
	<input type="checkbox"/> Full-time # Years # Months <input type="checkbox"/> Part-time # Years # Months If part-time, number of hours per week				

F	Employer: (Present or most recent)		Address:		Phone No.:
	Job Title:		Name of Supervisor:		No. Supervised by You:
	Date Employed: (mo/yr)			Reason for Leaving:	
	Date Separated: (mo/yr)		Job Duties: (Be specific)		
	<input type="checkbox"/> Full-time # Years # Months <input type="checkbox"/> Part-time # Years # Months If part-time, number of hours per week				

REFERENCES

List three persons who have definite knowledge of your qualifications for the internship program and your current educational status.		
Name	Address	Phone

CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. My signature below indicates that I have reviewed the requirements of the selection process, the requirements of the internship program, and hereby agree to meet said requirements if selected for the internship program. I further authorize CCBI to conduct a criminal record check and driver's history check to determine suitability for the internship program. I understand that CCBI accepts only two (2) interns per semester and my acceptance is not guaranteed. I understand that false information may be grounds for rejection of my application and (or) removal from the program if I am selected.

Applicant's Signature

Date