



Please list any police/law enforcement contacts as a complainant, suspect, victim, or other contact. Provide approx. dates and name of law enforcement agency involved and a short explanation of the event. (Use additional sheet if necessary.)

Have you ever been served/involved in a civil process? _____

If yes, provide details: _____

Please list any current and past employers starting with your current or most recent first. Attach additional sheets if necessary. Please include employer e-mail address.

Employer: _____ **Email** _____

Address: _____

Job Title: _____

Description of job duties/responsibilities: _____

Dates of Employment: _____

Supervisor Name: _____ **Phone:** _____



Employer: _____ **Email** _____

Address: _____

Job Title: _____

Description of job duties/responsibilities: _____

Dates of Employment: _____

Supervisor Name: _____ **Phone:** _____

Employer: _____ **Email** _____

Address: _____

Job Title: _____

Description of job duties/responsibilities: _____

Dates of Employment: _____

Supervisor Name: _____ **Phone:** _____

Are you enrolled in a class at school that requires you to complete an internship? _____

If yes, please describe any special requirements such as number of hours, learning contract, required site visits with advisor, etc. Also please advise name of advisor and contact info.



Please provide the names of three law enforcement officers that you know or are acquainted with, the agency they work for, and a contact email and phone number

- 1. _____
- 2. _____
- 3. _____

Please provide the names, addresses, and contact email and phone number for three personal references that you are not directly related to.

- 1. _____
- 2. _____
- 3. _____

Please state your career goals: _____

The above information is true and correct to the best of my knowledge. Misrepresentation or omission of facts will be cause for applicants to be immediately removed from consideration for the Student Internship Program and would be cause for dismissal if discovered at a later time while the applicant is enrolled in the Internship Program.

Signature of Applicant: _____ Date _____



Background Investigation

As an applicant for the Fairmont Police and Martin County Sheriff's Office Student Internship, you are being asked to provide information about yourself which will be used to evaluate your suitability for this program.

The purpose of this background investigation is to review information concerning criminal and non-criminal history which reflects upon your suitability to participate in the program. This process will include, but not be limited to all incidents of police contact, driving record and /or other incidents or information (conviction data, incident data, and other collected data) which may be relevant.

The purpose and intended use of this data is to conduct the background inquires under applicable City of Fairmont and County of Martin policies, before allowing individuals to participate in this program. The specific use for each category of data is described below:

1. To conduct a criminal history and background check, name(s) by which the applicant is known must be listed.
2. In order to access driver's license data, date of birth must be supplied.
3. In order to access criminal history data, date of birth and gender must be supplied.
4. A criminal history, background check, and driver's license check are required minimum selection standards in order to determine whether there are any factors which affect the applicant's suitability for participation in the program.

This data will be used solely for the above mentioned purposes. The data will be forwarded to the appropriate City/County staff and or consultants as determined necessary for the completion of the background investigation. This data may also be used for other purposes necessary for the administration of law, rule or ordinance but will be disseminated only as required by law. You will be required to complete a City of Fairmont Type I Release as part of the background process. You may also be required to be the subject of a background investigation interview conducted by an employee of the City of Fairmont or the County of Martin.

You are not legally required to provide the requested information. However if you do not, we will be unable to conduct the required background inquiries and we will not be able to process your application and we will not be able to consider you for participation in this program.

I hereby authorize the City of Fairmont and the County of Martin to use this information to determine my suitability for participation in the Student Internship Program.

Signature of Applicant

Date



Release Type I

TO: _____

I, _____, hereby authorize and grant my informed consent to permit you to release to, and make available to the Fairmont Police Department and/or their agents and/or representatives, data classified as private which concerns me and which may be in your possession. The data I am authorizing to be released consists of private data, as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents or representatives. The information for which release is authorized includes all data which, has been collected, created, received, retrained, or disseminated in whatever from which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Fairmont Police Department to have access to this information is to determine my suitability as a **Student Intern** with that department. I further understand that this information may subsequently be utilized for other purposes relating to my possible participation as a student intern with the department, including, verification of my records and analysis by consultants to the department who may review my suitability for participation as a student intern.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

Full Name (Print) _____
Date of Birth

Other Names Used

Signature _____
Date

Background Investigator:

**Fairmont Police Department
201 Lake Ave Suite 199
Fairmont, MN 56031
Office: 507-238-4481 Fax: 507-238-1093**



Confidentiality Agreement

I, _____ recognize that if I am accepted into the Fairmont Police Department/Martin County Sheriff's Office Student Internship Program, I will at times be in a position to read or come into contact with confidential, private, and sensitive information during the course of my internship duties.

I understand that this information cannot be copied, removed from the Law Enforcement Center, or relayed in any other manner including verbally to anyone other than the employees of the City of Fairmont Police Department and the Martin County Sheriff's Office.

I understand that a violation of this Confidentiality Agreement will mean the termination of my Student Internship experience with the City of Fairmont and the County of Martin.

Signature

Date



Release of Claim and Liability

I have requested permission of the City of Fairmont and the County of Martin through their agents to ride in a squad car and or operate equipment and vehicles owned by the City of Fairmont and the County of Martin. The purpose of said request being the acquisition of additional knowledge and practical experience for the furtherance of my education as part of my participation in the Internship Program conducted by the above listed agencies.

I am duly aware of the risks and hazards inherent upon riding in a squad car or other vehicles and or operating vehicles or equipment and I hereby voluntarily elect to assume all risk of loss, damage, or injury, including death that may be sustained by the undersigned. Therefore, I do hereby, for myself, my heirs, executors, and administrators, release and forever discharge the City of Fairmont and the County of Martin and all of their officers, agents and employees from any and all claims, demands, actions or causes of action on account of my death or on account of any injury to me which may occur during my participation in the Internship Program and while I am riding in any squad car or vehicle or operating any vehicle or equipment owned by the City of Fairmont or the County of Martin, or while I am at or on the scene of any event which is a result of my riding in any vehicle and or operating other vehicles or equipment owned by the City of Fairmont of the County of Martin.

Signature: _____

Printed Name: _____

Date: _____