

# INTERN APPLICATION UNITED STATES PRETRIAL SERVICES OFFICE MIDDLE DISTRICT OF FLORIDA

This form should be typewritten.  
This application solicits pertinent information specific to the intern position requirements of the Pretrial Services Office.  
Submit to:

**Ivette Suarez, USPSO  
Intern Coordinator for the  
U.S. PRETRIAL SERVICES OFFICE  
401 W. Central Blvd., Suite 1300  
Orlando, FL 32801-1300**

Please provide as much detail in each area as appropriate. Attach additional pages as necessary.

Date Intern Application Completed: \_\_\_\_\_

LOCATION PREFERENCE: (Check those offices in which you would be willing to intern.)

Desired # of hours for internship: \_\_\_\_\_

Preferred Schedule (a.m./p.m.) \_\_\_\_\_ Jacksonville \_\_\_\_\_ Orlando \_\_\_\_\_ Tampa \_\_\_\_\_ Fort Myers \_\_\_\_\_

School Term: Fall ; Spring ; Summer

### PERSONAL INFORMATION:

NAME: \_\_\_\_\_ Gender: F  M  PHONE #: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_

PRESENT ADDRESS (Street, City, State, Zip): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH (City/State): \_\_\_\_\_ FOREIGN COUNTRY: \_\_\_\_\_

OTHER NAMES PREVIOUSLY USED: \_\_\_\_\_

### GENERAL INFORMATION:

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, give the country of your citizenship: \_\_\_\_\_

Have you previously applied for an internship with Pretrial Services in the Middle District of Florida? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when? \_\_\_\_\_

Driver's License Information: State: \_\_\_\_\_ #: \_\_\_\_\_

Have you ever been charged or convicted with a criminal offense/arrested? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Have you ever been convicted? Yes \_\_\_\_\_ No \_\_\_\_\_ (You may omit: (1) Offenses as to which the record has been expunged; (2) minor traffic violations for which you paid a fine of \$100 or less.) If yes, explain: \_\_\_\_\_

Have you ever been discharged from a position or asked to resign under the threat of discharge? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**EDUCATION:**

Do you have a high school diploma or G.E.D. equivalent? Yes \_\_\_ No \_\_\_ If yes, Date of Completion: \_\_\_\_\_

b. Name and location of colleges or universities attended (including law schools)	Dates Attended	Number of		Degree	Date Received	Grade Point Average and/or scholastic standing	
		Quarter	Semester				
Chief Undergraduate Subjects	Credit Hours		Chief Graduate Subjects			Credit Hours	
	Quarter	Semester				Quarter	Semester

**SPECIAL SKILLS:**

1. Typing Speed: \_\_\_\_\_
2. List Proficient Computer Applications \_\_\_\_\_  
\_\_\_\_\_
3. Foreign Language \_\_\_\_\_ Degree of Proficiency \_\_\_\_\_
4. Certifications and Professional Affiliations \_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE**

(Include experience while in military service.)

Start with your present position and work back 5 years. Use additional page(s), if necessary.

**A**

Dates of Employment ( <i>month, day, year</i> )		Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings		Grade/Step ( <i>If in federal Service</i> )	Place of Employment	Kind of Business or Organization
Starting	\$ _____		City _____	
Final	\$ _____		State _____	
Name and Address of Employer ( <i>firm, organization, etc.</i> )			Name and Title of Immediate Supervisor	
Business Telephone: ( <i>Area Code and Phone Number</i> )			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

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**B**

Dates of Employment ( <i>month, day, year</i> ) Fro _____		Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Final \$ _____		Grade/Step ( <i>If in federal</i> )	Place of Employment City _____ State _____	Kind of Business or Organization
Name and Address of Employer ( <i>firm, organization, etc.</i> )			Name and Title of Immediate Supervisor	
Business Telephone: ( <i>Area Code and Phone Number</i> )			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

**REMARKS:** (*Use this space for continuation of answers. List the number of items being continued.*)

**C**

Dates of Employment ( <i>month, day, year</i> ) From _____ To _____		Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Final \$ _____		Grade/Step ( <i>If in federal</i> )	Place of Employment City _____ State _____	Kind of Business or Organization
Name and Address of Employer ( <i>firm, organization, etc.</i> )			Name and Title of Immediate Supervisor	
Business Telephone: ( <i>Area Code and Phone Number</i> )			Number of Employees Supervised	

Reason for Leaving

Description of Work

**REMARKS:** *(Use this space for continuation of answers. List the number of items being continued.)*

**APPLICANT CERTIFICATION**

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED