



**Maine Department of Corrections  
Student Internship Program  
25 Tyson Drive, SHS 111  
Augusta, ME 04330**

<b>Applicant Information</b>					
Name:				DOB:	
Address:			City:		
State:		Zip:	E-mail:		
Driver's License or State Issued ID:		Issuing State:	Home Telephone:		Cellphone:
<b>Emergency Contact Person</b>					
Name:				Relationship:	
Address:			City:		
State:		Zip:	E-mail:		
Home Telephone:		Cellphone:		Work Telephone:	
<b>Availability</b>					
Beginning Date:			Ending Date:		
<b>Academic Information</b>					
College/University:					
City:		State:		GPA:	
Major/Area of Study:				Rank:	
Type of Degree Expected:			Date Degree Expected:		
Current Academic Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student					
Faculty Advisor:			Department:		
Faculty Advisor email:			Telephone:		

<b>Military Record</b>		
Have you ever served on active duty in the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Branch of Military Service:	Serial Number:	
Date(s) of Service:	Type of Discharge:	
Where Discharged:		
<b>Citizenship</b>		
Are you currently a U.S. Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #:	
If Naturalized, Date of Entry:	Place of Entry:	
Court:	Date:	Place:
<b>Background Information</b>		
<i>If you answer "YES" to any of the following questions, you must attach an explanation to this application; include the date(s) and location(s) of conviction(s)/adjudication(s) and the disposition(s).</i>		
Have you ever been <u>charged</u> with a criminal offense (Murder Class A, B, C, D, E)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been <u>convicted</u> of a criminal offense (Murder Class A, B, C, D, E)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with a juvenile crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been adjudicated of a juvenile crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Skills &amp; Training (please add additional pages, if necessary)</b>		
Please list any skills or training you possess that may be helpful to you as an intern:		
<b>Career Goals</b>		
Please list your career goal(s) or objective(s):		

**Disclosures**

1. Do you have any connection to any person in the custody or under the supervision of the Department of Corrections?  Yes  No If so, provide the name(s):
2. Are you a visitor or awaiting approval as a visitor for any Department of Corrections prisoner or resident under disclosure?  Yes  No
3. Have you had visiting privileges as a volunteer or student intern status suspended or terminated at any correctional facility or in any community corrections region?  Yes  No

*By signing below, I'm certifying that the information provided above is true and accurate to the best of my knowledge.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this completed application along with completed release of information form, resume, recommendation letter from your academic advisor and a copy of your driver's license or state ID to:*

**Maine Department of Corrections  
Human Resources  
25 Tyson Drive, SHS 111  
Augusta, ME 04333**