

# LEWISTOWN BOROUGH POLICE

70 Chestnut St  
Lewistown, PA 17044  
Phone: (717) 248-6716  
Fax: (717)953-9524

## INTERNSHIP APPLICATION



## LEWISTOWN BOROUGH POLICE DEPARTMENT INTERNSHIP APPLICATION

<b>APPLICATION INFORMATION</b>			
Last Name	First Name	M.I.	Date
Street Address		Apt/Unit#	
City	State	Zip Code	
Phone	E-mail Address		
Cell Phone #	Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Driver's License #	State	Social Security #	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	What school are you currently attending?  Expected graduation date: _____		
Are you MPOETC ACT 120 Trained? YES <input type="checkbox"/> Certified MPOETC # _____ NO <input type="checkbox"/>	How many hours/days/weeks are required for your internship?  What are the expected dates for your internship to run? _____		
Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain: _____			
Maiden Name (if applicable) _____			
<b>EDUCATION</b>			
High School Diploma    Date Graduated _____ High School Name & Location _____		GED    Date Received _____ Administrator Facility & Location _____	
Signature _____			
<b>LEAVE BLANK FOR ADMINISTRATIVE USE ONLY</b>			
<b>DATE APPLICATION RECEIVED:</b> _____			

Questions, please call the Lewistown Police Department # 717-248-6716 or email [info@lewistownpolice.org](mailto:info@lewistownpolice.org)

Completed application to be mailed, emailed to Chief Clemens [dclemens@lewistownpolice.org](mailto:dclemens@lewistownpolice.org)  
or hand delivered to:

**Lewistown Police Department  
70 Chestnut St.  
Lewistown PA, 17044**

# AUTHORITY TO RELEASE

To Whom It May Concern:

I hereby authorize any Lewistown Police Department official or authorized representative of the Lewistown Police Department, bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records; medical records, criminal or police records and credit records or reports. I hereby direct you to release information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Lewistown Police Department. I hereby release to you, as the custodian of such records, and any school, college, university, police department or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I am furnishing my social security account number on a voluntary basis. I have been advised that the Lewistown Police Department will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with my application for employment. Should there be any questions as to the validity of the release, you may contact me as indicated below.

Name: (Last, First, Middle)	
Signature:	X
Social Security Number:	
DOB:	
Current Address: (Street)	
(City, State, Zip Code)	
Telephone Numbers: (Home)	
(Cell)	
Date: (Month, Day, Year)	

Applicant's Initials: \_\_\_\_\_