

# *Bergen County Sheriff's Office*



## Internship Program Application

*Name:* \_\_\_\_\_

**OFFICE COPY**

# BERGEN COUNTY SHERIFF'S OFFICE



**INSERT  
PHOTO  
HERE**  
**Please Provide a Current  
Headshot Photo**  
**2 ½ X 2 ½**

Office of the Bergen County Sheriff  
2 Bergen County Plaza  
Hackensack, N.J. 07601  
(201) 336-3540  
[www.bcsd.us](http://www.bcsd.us)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever served in the military?

**YES**            **NO**

If yes please give details:

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Have you ever been convicted of a crime that has been expunged by the court?

**YES**            **NO**

If yes, give details of each conviction and disposition below. A conviction will not necessarily preclude you from consideration unless such conviction(s) relate adversely to the position sought:

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Present Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

If you are not currently employed, please list your previous employer(s):

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**\*\*\*\*\* To be eligible for an internship, you must be enrolled in an internship program through your college. Please list the days and hours you are available to work\*\*\*\*\***

Days:

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Hours:

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Please list two references:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

I, the undersigned hereby:

- Understand that as a condition of volunteering a criminal background check will be done. Please be advised that volunteering is contingent upon a clean background check.
- Understand that all information requested will be confidential and that an investigation into my background will be necessary.
- Understand and agree to abide by all regulations and confidentiality.
- Acknowledge that, to the best of my ability, all the information on this form is true.

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

NEW JERSEY STATE POLICE-STATE BUREAU OF IDENTIFICATION

**REQUEST FOR CRIMINAL HISTORY AND DMV RECORD INFORMATION**

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PURPOSE OF REQUEST:      **INTERNSHIP**

PLEASE CONDUCT A NAME SEARCH FOR THE FOLLOWING INDIVIDUAL:

NAME: \_\_\_\_\_ SSN# \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

I HEREBY AUTHORIZE A CRIMINAL BACKGROUND SEARCH FOR THE PURPOSES OF PARTICIPATING IN THE BCSO INTERNSHIP PROGRAM.

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

**\*FOR OFFICIAL USE ONLY: DO NOT FILL OUT BELOW THIS LINE\***

RECORDS REQUESTED:

- PRIOR COURT HISTORY
- DETAIL HISTORY
- III/FBI & ALL OTHER STATES
- ACES/FACTS

NEW JERSEY DMV REQUEST  
(\*Please also attach a copy)

DL# \_\_\_\_\_

OPERATOR: _____
DATE: _____
_____ No match found

AUTHORIZED PERSON MAKING REQUEST:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**PARENTAL/GUARDIAN  
WAIVER AND CONSENT**

Name of Intern \_\_\_\_\_

Internship Description \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Telephone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

As the parent/legal guardian of the participating intern named above, I hereby give my full consent and approval for the participation of my son/daughter/dependent to participate in the above-described academy.

I understand that there are certain risks of injury inherent in this activity, as well as in traveling and other related activities incidental to my child/dependent's participation, and I am willing to assume these risks on behalf of my child/dependent. I hereby certify that my child/dependent is fully capable of participating in the designated academy and that my child/dependent is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this academy, except as listed below.

In addition to giving my full consent for my, or my child's/dependent's participation, I do hereby waive, release and hold harmless \_\_\_\_\_

\_\_\_\_\_, its officers, volunteers and representatives for any injury that may be suffered by me, or my child/dependent, in the normal course of participation in the designated academy and the activities incidental thereto, whether the result of negligence or any other cause.

Please list any physical limitation (allergies, hearing, sight, etc.) \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_  
**(Parent's Signature)**



## OFFICE OF THE BERGEN COUNTY SHERIFF

2 BERGEN COUNTY PLAZA  
HACKENSACK, N.J. 07601  
(201)336-3540

Anthony Cureton  
SHERIFF

### MEMORANDUM

**TO:** All Civilian Interns  
**FROM:** Sgt. Nichelle Ponder  
**DATE:** January 1, 2019  
**SUBJECT:** Attire and Grooming

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#### Clothing (Male & Female)

- All civilian personnel, unless otherwise designated to wear a specific uniform or outfit, will dress appropriately and maintain a suitable appearance according to the person's position or assignment.
- All male personnel assigned to an office environment are expected to wear appropriate business attire to include a collared shirt, dress pants, and proper dress shoes.
- All female personnel assigned to an office environment are expected to wear appropriate business attire.
- The wearing of shorts, jeans, tank tops, t-shirts, halters, sneakers, and sandals are not considered suitable attire for a business or professional work environment.

#### Hair

- No Civilian shall wear their hair in any style or color which would create a negative appearance, draw undue attention to themselves, or reflect negatively upon the professional image of the Bergen County Sheriff's Office.
- All civilians will maintain proper personal hygiene and appearance.

Print Name \_\_\_\_\_

Signature X \_\_\_\_\_



## INTERNSHIP AGREEMENT

If you are involved in an incident with law enforcement, you must immediately contact the Community Outreach Unit and request to speak to the Officer-in-Charge. Incidents include:

1. Any incident that resulted in or necessitated the response of a law enforcement agency.
2. Any incident in which the intern identified him or herself as a member of the Bergen County Sheriff's Office.
3. Any incident in which the intern participated that required the response of a law enforcement agency or may require the response or investigation by a law enforcement agency in the future.
4. Any incident which the intern was a victim or witness to and that required the response of a law enforcement agency or may require the response or investigation by a law enforcement agency in the future.
5. Incidents shall include any interaction with a law enforcement agency, barring a motor vehicle crash and motor vehicle stops where no summonses were issued. It is not necessary to notify the Sheriff's Operations Unit of motor vehicle infractions unless a summons or summonses have been issued.
  - a. At this time, the intern must explain the details of the incident to the Operations Unit Supervisor or OIC.
  - b. The Officer-in-Charge will then be responsible to generate a brief narrative in reference to the incident and notify the Sheriff's Command Staff.

I, \_\_\_\_\_, agree to the terms and conditions of this agreement.  
*(Print name)*

\_\_\_\_\_  
*(Officer-in-Charge Signature)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(Intern Signature)*

\_\_\_\_\_  
*Date*



**INTERN  
WAIVER AND CONSENT**

Name of Intern \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

I hereby give my full consent and approval for my participation in this program with the County of Bergen.

I understand that there are certain risks of injury in my academy duties, as well as in traveling and other related activities related to the academy, and I am willing to assume these risks. I hereby certify that I am fully capable of participating in this academy, healthy and have no physical or mental disabilities or infirmities that would restrict full participation in this academy, except as listed below.

In addition to giving my full consent for my participation, I do hereby waive, release and hold harmless The County of Bergen, its officials, employees, officers, supervisors, volunteers, and representatives for any injury that may be suffered by me in the normal course of participation in this academy and the activities incidental thereto, whether the result of negligence or any other cause.

Please list any physical limitation (allergies, hearing, sight, etc.):

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

**(Participant's Signature)**

Please mail completed form and current photo to:  
Bergen County Sheriff's Office  
Community Outreach Unit  
2 Bergen County Plaza  
Hackensack, NJ 07601