

# Bergen County Sheriff's Office



## Internship Program Application

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

To qualify for an internship, you must be enrolled in a school-sponsored internship program.

***OFFICE COPY***

# BERGEN COUNTY SHERIFF'S OFFICE

Embed photo below



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

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

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 been arrested or placed in handcuffs?    **YES**                      **NO**

If yes, please explain the circumstances:

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Have you ever been convicted of a crime, regardless of whether it 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 qualify for an internship, you must be enrolled in a school-sponsored internship program.**

Please specify the days and hours you are available to work:

Days:

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Hours:

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Please provide two references:

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

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

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

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

I, the undersigned, hereby:

- Acknowledge that a criminal background check is required as a condition of volunteering and understand that approval to volunteer is contingent upon a satisfactory background check.
- Recognize that all requested information will remain confidential and consent to a background investigation as necessary.
- Agree to comply with all regulations and confidentiality requirements.
- Certify that, to the best of my knowledge, all information provided on this form is accurate.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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NEW JERSEY STATE POLICE-STATE BUREAU OF IDENTIFICATION

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

**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.

**Applicant's 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 internship.

I understand that as with any activity, there may be certain risks of injury. 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 internship and that my child/dependent is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this internship.

In addition to giving my full consent for my, or my child's/dependent's participation, I do hereby waive, release and hold harmless the County of Bergen, the Bergen County Sheriff's Office 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 internship and the activities incidental thereto, whether the result of negligence or any other cause.

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

\_\_\_\_\_

**Parent's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



## BERGEN COUNTY SHERIFF'S OFFICE

TWO BERGEN COUNTY PLAZA  
HANKENSACK, N.J. 07601  
(201)336-3540

Anthony Cureton  
SHERIFF

### MEMORANDUM

TO: All Interns  
FROM: Lieutenant Damian Pope  
DATE: January 1<sup>st</sup>, 2025  
SUBJECT: Attire and Grooming

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#### Clothing (Male & Female)

- All civilian personnel, unless required to wear a designated uniform or attire, must dress appropriately and maintain a professional appearance in accordance with their position or assignment.
- Male personnel assigned to an office environment are expected to wear business-appropriate attire, including a collared shirt, dress pants, and formal dress shoes.
- Female personnel assigned to an office environment are expected to wear professional business attire.
- Shorts, jeans, tank tops, T-shirts, halter tops, sneakers, and sandals are not considered appropriate attire for a business or professional work environment.

#### Hair

- Interns must maintain a professional hairstyle and hair color that does not create a negative appearance, attract undue attention, or reflect poorly on the professional image of the Bergen County Sheriff's Office.
- All interns are expected to uphold proper personal hygiene and a neat appearance.

Print name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

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## 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 Bergen County Sheriff's Office.

I understand that as with any activity, there may be certain risks of injury. I am willing to assume these risks. I hereby certify that I am fully capable of participating in this internship and that I am 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, , the Bergen County Sheriff's Office, 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 internship and the activities incidental thereto, whether the result of negligence or any other cause.

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

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**Print name:** \_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please **email** the completed form and current photo to [CommunityOutreach@bcso.us](mailto:CommunityOutreach@bcso.us)

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