

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

**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:

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:

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

Days:

Hours:

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 1st, 2025
SUBJECT: Attire and Grooming

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.):

Print name: _____

Applicant's signature: _____ **Date:** _____

Please **email** the completed form and current photo to CommunityOutreach@bcso.us

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