

RICHLAND COUNTY SHERIFF'S DEPARTMENT
INTERN BIOGRAPHICAL FORM
(for internal use only)

Full Name (including middle)_____

Age_____ Date of Birth_____ Social Security # _____

Current Address_____

Current Phone Number (cell & home)_____

E-mail address_____

Height_____ Weight_____ eye color_____ hair color_____

Drivers License Number _____

State Driver's license is issued for_____

Are you employed? Yes or no (please circle one)

If yes, please list Current employer name and
address_____

Employer phone number_____

Your Hometown (City and State) _____

Hometown address_____

Hometown phone number_____

University or College you are currently attending_____

Major_____

Are you a Junior or Senior? (please circle one)

Expected date of graduation_____

Advisor's name_____

(Internship point of contact)

Advisor's phone number _____

Class Schedule (list time of classes)

M _____
TU _____
W _____
TH _____
F _____

Intern Schedule
(list hours you are available)

M _____
TU _____
W _____
TH _____
F _____
SA _____
SU _____

Reason you would like to do your internship with the Richland County Sheriff's Department?

What do you hope to gain from this internship?

What are your goals after graduation?