



DAUPHIN COUNTY
P E N N S Y L V A N I A
WORK RELEASE

Matthew A. Miller, Director
919 Gibson Blvd. Steelton, Pa. 17113
Phone: 780-7002 Fax: 558-9672

Application for Internship

Personal Information:

Name: _____
Last First MI

Address: _____
Street City State Zip code

Home Phone: _____ Work Phone: _____

Social Security #: _____ Email Address: _____

Are you 18 years of age or older: Yes No

Have you ever been convicted of a crime other than a minor vehicle offence? Yes No

If yes, explain: _____

Do you have a valid PA Driver's License? Yes No License #: _____

Educational Background:

School Attending: _____

Anticipated Graduation Date: _____ Major: _____

Advisor/Counselor Contact Information: _____

Please list number of hours to satisfy internship: _____

Education	Name of School	Yrs. Completed	Diploma/Grade	Course of Study
High School				
College/Undergraduate				
Professional Graduate				
Trade/Buisness/Other				

List Professional Certificates, Apprenticeships, Specialized Training or Foreign Language Skills:

Please indicate the times you would be available for an internship: Work Release operates on a 24/7/365 basis, flexible scheduling may be available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

In Case of Emergency Contact the Following:

Name	Address	Phone #	Relationship

Acknowledgement:

The above made statements are true and correct to the best of my knowledge. I hereby give the County of Dauphin, the right to make a thorough investigation into my employment, education and references. I release from liability all persons, companies, and corporation supplying such information and indemnify and hold the County of Dauphin from liability which might result from such an investigation.

I further understand a background check shall be conducted to determine any suitability in accordance with the Missions, Policy and Procedures of the Work Release Center and the Court of Common Pleas of Dauphin County. I further agree to provide the necessary information to conduct such inquiries.

I further agree to adhere to the same standard of confidentiality that Probation Officers/Staff are required to by law and to adhere to all policies and procedures.

By checking the box below, printing my name and date, I am electronically signing the document.

Signature	Date
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