



CITY OF TAMPA

Jane Castor

POLICE DEPARTMENT

Brian Dugan
Chief of Police

COLLEGE INTERN APPLICATION

Date: _____

Name: _____

DOB: Last _____ First _____ Middle _____
Race: _____ Sex: _____

Address: _____
Street _____ City _____ FL _____ Zip Code _____

Phone (Home): () _____ Phone (Cell): () _____ Email _____

Institution Name: _____
Requested Internship Semester/Date(s): _____ Patrol Or Forensics _____

1. Are you a United States Citizen?: Yes No
2. Have you ever been in the military?: Yes No Branch: _____
Type of Discharge: Honorable Dishonorable
3. Have you ever been arrested or charged with any crime?: Yes No
If yes, please explain _____
4. Have you ever paid for an illegal sex act?: Yes No If yes, please explain _____
5. Have you ever had any involvement with child pornography?: Yes No
If yes, please explain _____
6. Have you ever used, tried, possessed, or experimented with marijuana? Yes No
If yes, give dates (first and last time) and number of times _____
7. Have you ever used, tried, possessed, or experimented with any other illegal drugs: (opiates, cocaine, heroin, barbiturates, amphetamines, hallucinogens, steroids, hashish, etc)?
Yes No If yes, (type of illegal drug, dates and number of times) _____
8. Have you ever sold or delivered any amount of illegal drugs: (marijuana, cocaine, hashish, heroin, etc)? Yes No
If yes, (type of illegal drugs, number of times and dates) _____
9. Have you ever been involved in any other criminal activity that has not been detected?
Yes No If yes, please explain _____

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