



# North Carolina State Crime Laboratory

## Application for Student Internship

### Personal Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ Sex:  M  F

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

If your answer to questions 1 or 2 below is yes, please discuss in detail on an attached page:

1. Have you ever been convicted of a crime?  Y  N
2. Have you ever possessed or used an illegal drug?  Y  N

### Internship Preferences

Desired Semester:  Spring  Summer  Fall

Please rank the locations in the order of your interest, with 1 being the highest interest. Do not rank any location where you cannot work.

Preferred Location:  Raleigh  Triad (Greensboro)  Western (Asheville)

Please rank the sections in the order of your interest, with 1 being the highest interest. Do not rank any section in which you have no interest.

Preferred Section:  Biology  Firearms  Latent Print  
 Digital Evidence  Trace Evidence  Evidence Control  
 Drug Chemistry  Toxicology  Administration

### School Information (add additional sheets as needed)

College / University: \_\_\_\_\_ Major: \_\_\_\_\_

Earned Credit Hours: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_ Degree Type: \_\_\_\_\_

Advisor / Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Will you be receiving course credit for the internship?  Y  N Number of Credit Hours: \_\_\_\_\_

College / University: \_\_\_\_\_ Major: \_\_\_\_\_

Earned Credit Hours: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree Type: \_\_\_\_\_

College / University: \_\_\_\_\_ Major: \_\_\_\_\_

Earned Credit Hours: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree Type: \_\_\_\_\_

## Work Experience (add additional sheets as needed)

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Duties: \_\_\_\_\_

## Signature

The information I have provided on this application is correct and true to the best of my knowledge. I am aware that knowingly providing false information on this document could result in the immediate rejection of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Mail your completed packet to:

North Carolina State Crime Laboratory  
Jennifer Remy, Internship Coordinator  
121 E. Tryon Rd.  
Raleigh, NC 27603

### Make sure to include the following:

- Application
- Resume
- Cover Letter
- Letter of Recommendation (may be sent separately)
- Transcript, official or unofficial, may be sent separately
- Proof of Hepatitis B vaccination