

SCIENTIFIC INVESTIGATION SECTION

 2024 SUMMER INTERNSHIP APPLICATION

# Basic Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Date: |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | State | Zip Code |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |
| If no, are you authorized to work in the U.S.? |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |
| Have you ever been convicted of a felony? |  | Yes [ ]  | No [ ]  |  | If yes, explain? |  |  |

# Previous Education

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| High school: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Diploma: |  |  |
|  |  |  |
| College: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Degree: |  |  |
|  |  |  |
| Other: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Degree: |  |  |

# Current Education

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| College: |  |  |  | Address: |  |  |
|  |  |  |  |  |  |  |
| Major: |  |  |  | Est. Grad. Date: |  |  |
|  |  |  |  |  |  |  |
| Current GPA: |  |  |  |  |  |  |

# Relevant courses and skills

Please list any coursework or skills that you believe are relevant to this internship. Include the name of the course or skill, a brief description, and how you believe it will be applicable to the position.

|  |  |
| --- | --- |
| Describe: |  |
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# Previous Experience

Please list any previous work or volunteer experience, including your role, the organization and your dates of service.

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| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

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| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

# Relevant courses and skills

Please list any coursework or skills that you believe are relevant to this internship. Include the name of the course or skill, a brief description, and how you believe it will be applicable to the position.

|  |  |
| --- | --- |
| Describe: |  |
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# Short Answer Essay Assessment

Please attach your answers as a .pdf.

1. Please explain how this forensic science internship aligns with your long-term career goals? (Max 250 words).
2. Describe a project or assignment that required you to use your analytical skills. What was the outcome, and how did it contribute to your growth as a scientist? (Max 250 words).
3. Forensic science often involves presenting findings in a court setting. How comfortable are you with public speaking, and how would you ensure that you present scientific findings in a clear and understandable manner? (Max 250 words).

# Reference

Please provide contact information for one professional or academic reference who can speak to your qualifications for this internship. Your reference will receive an email inviting them to complete a short evaluation on your behalf.

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| --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Relationship: |  |  |
|  |  |  |  |  |  |  |
| Organization: |  |  |  | Title: |  |  |
|  |  |  |  |  |  |  |
| Phone: |  |  |  | Email Address: |  |  |
|  |  |  |  |  |  |  |

# Certification and Signature

I hereby certify that the statements made on or in connection with this application are true and correct to the best of my knowledge and I agree and understand that any misstatements or omissions of material facts may cause forfeiture on my part of all rights to any employment or internship in the service of the Honolulu Police Department.

By submitting this form electronically to the Honolulu Police Department, I attest that the information I have given is true and correct to the best of my knowledge and I agree with the statements above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |