COUNTY OF ALLEGHENY

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INTERNSHIP APPLICATION

PLEASE TYPE OR PRINT IN INK

POSITION: ☐ FORENSIC INVESTIGATOR ☐ AUTOPSY ☐ HISTOLOGY

☐ LABORATORY : ___ LEVEL I ___ LEVEL II ___ LEVEL III

TERM: ____ SPRING (JAN – APRIL) DUE BY: SEPT 15TH ____ SUMMER (MAY – AUG) DUE BY: JAN 15TH ____ FALL (SEPT – DEC) DUE BY: MAY 15TH YEAR: _____

SCHOOL NAME: _____

MAJOR: _____ ANTICIPATED GRADUATION DATE: _____

CURRENT YEAR IN SCHOOL: ___ SOPHOMORE ___ JUNIOR ___ SENIOR ___ MASTERS/PH.D

ADVISOR'S NAME: _____ TELEPHONE NUMBER: _____

APPLICANT NAME: _____
LAST FIRST MIDDLE

PERMANENT ADDRESS: _____
NUMBER & STREET CITY STATE ZIP

COUNTY: _____ BOROUGH/TOWNSHIP: _____

HOME TELEPHONE: _____ OTHER TELEPHONE: _____

E-MAIL: _____

ATTACH TO THE INTERNSHIP APPLICATION TRANSCRIPTS AND RÉSUMÉ/CURRICULUM VITAE OUTLINING COURSE WORK AND EXPERIENCE

ANY TRANSCRIPTS, CV'S, OR RESUMES SUBMITTED WITHOUT AN APPLICATION WILL NOT BE CONSIDERED.

PRIORITY WILL BE GIVEN TO THOSE APPLICANTS WHO ARE IN THEIR JUNIOR AND SENIOR YEAR OF SCHOOL AT THE TIME OF APPLICATION.

ALL APPLICATION MUST BE POSTMARKED BY THE DUE DATE OF APPLICATION FOR THE TERM APPLYING