## HURON COUNTY JUVENILE COURT Intern Application

Name		I	Date
Address		Phone	
			S.S. #
Date of Birth		Place of Birth	
If married, your maiden	name		
College attended or atte	nding:		
(Name of College)		(Years Attended)	(Major course of study)
Employment history (fo	r no more than the p	east 5 years):	
Name of Employer	Location (city, state	<u>Dates of</u> <u>Employment</u>	Your Job Title or Main Duties
May we call you at work			
Volunteer experience:			
Agency Name	Location (city, stat	<u>Dates</u> (e) <u>Volunteered</u>	Your Job Title or Main Duties

(Please also complete page 2 of the application)

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List two references (not relatives) that have	e known you for at least two years.
Name	Name
Address	
City, State, Zip	City, State, Zip
Telephone	Telephone
Occupation	
Do you drive? Do you have a valid	drivers license? Access to a car?
Do you have automobile insurance that is a Name of your automobile agent or	current? insurer:
Have you ever been arrested or detained as	a juvenile or adult?
If yes, explain	
Have you ever been on probation?	If yes, explain.
Have you ever been arrested for a DUI?	If yes, explain
Have you had any motor vehicle violations	s? If yes, explain
How did you learn about interning with Hu	uron County Juvenile Court?
Additional comments regarding your interest	est in interning with Huron County Juvenile Court:
knowledge. By signing, I also give permiss	e information I have given is correct to the best of my sion to Huron County Juvenile Court to conduct a with my application to intern with the Court. I will be held in strict confidence.
Applicant Signature	Date

## HURON COUNTY JUVENILE COURT INTERNSHIP PROGRAM

Request for Investigational Background Check in the State of Ohio (Confidential)

To: Huron Co. Sheriff Dept. 255 Shady Lane Drive Norwalk, OH 44857 From: CASA of Huron County 2 E. Main Street Norwalk, OH 44857 Phone: (419) 663-2525 Fax: (419) 663-0944

and child protective se	rvices check in co	onnection with my application obtained will be held in			
Applicant's Signature		Date	Date		
FOR OFFICE US	E ONLY — Pleas	se conduct an Ohio Crimin	al Record Check on:		
applicant's name		date of birth	gender		
maiden name		social security number			
street address	city	state	zip code		
alias or previous marri	ed names				
date	signatur	signature of requesting official			
Has your department has please explain on the b	and any contact wi	th this individual? Yes	, if possible,		
Are there any active w	arrants for this inc	dividual? Yes No			
Completed by:		Date: ers who will be working w			
Thank you for helping County.	to screen volunte	ers who will be working w	orth the youth of Huron		