



TOPEKA POLICE DEPARTMENT

Internship Program

Please complete the following forms honestly. When submitting the forms, include a copy of your resume and a letter of recommendation from your professor, advisor, or coordinator. Please return the enclosed forms to:

**SGT Justin Joyce
jjoyce@topeka.org
or
320 S. Kansas Avenue, Suite 100
Topeka, KS 66603**

**Questions?
Contact SGT Joyce
jjoyce@topeka.org
785-368-2419**

**TOPEKA POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**



Date: _____

The following information is requested for verification and contact purposes:

Intern Biographical Summary-(Please print legible)				
Last	First	Middle		
Other Names Used:				
Current address:				
City:	State	Zip		
Telephone numbers where we may contact you. List home and cell numbers.				
_____	E-mail address: _____			
Do you have a social network page such as: Facebook, Instagram, etc.? List:				
Date of Birth:	Age	Sex	Race	Social Security #
Are you a U.S. Citizen? Yes No				
Place of Birth: City & State				
For the purpose of identification, please provide the following:			Scars/Tattoos/Dist. Marks	
Height	Weight	Hair Color		
List all organizations, clubs, and associations of which you are or have been a member in the past ten years.				
What are your special skills and abilities, including speaking foreign languages and computer skills:				

EDUCATION

<input type="checkbox"/> I possess a high school diploma (Name and State): _____	

<input type="checkbox"/> I have passed the G.E.D. (General Education Development) test. State _____	
<input type="checkbox"/> I possess an associate, bachelor's degree, master's degree, or Ph.D. _____	
<input type="checkbox"/> Any other educational degrees, specify _____	
Minor _____	Major _____
_____ Total number of hours completed	
Professor/Advisor _____	Phone _____
Email: _____	

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools- any formal education beyond the high school level) _____ Yes _____ No
If "yes" please explain. (Include school, date and circumstances).

MILITARY SERVICE

Have you ever served in the armed forces, National Guard or Military Reserves?
___ Yes ___ No

Are you currently participating in any military reserve or National Guard program? ___ Yes ___ No

If "Yes" give the unit's name and address or location.

Are you completing this internship as part of a military Career Skills Program?
_____ Yes _____ No

If so, list program coordinator name, e-mail address, and phone number

Have you ever been the subject of any judicial or non-judicial action while in the military, National Guard or military reserves? _____ Yes _____ No
If "Yes" give details, including branch of service, when, where and circumstances.

CURRENT EMPLOYMENT INFORMATION

Place of employment: _____
Address: _____
Telephone number: _____
Supervisor's Name: _____
Supervisor's Phone Number: _____

Emergency Notification Information

Contact Name: _____
Address: _____
Phone Number: _____

Personal Reference Information (List 2)

Name: _____
Address: _____
Phone Number: _____
Email: _____

Name: _____
Address: _____
Phone Number: _____
Email: _____

MOTOR VEHICLE OPERATION

An investigation of your driving history will be made through a records check. To expedite this procedure please supply the following information:

Drivers License #	Expiration Date:
Name under which license was granted:	State issued:

Please list other states where you have been licensed to operate a motor vehicle.

State	State	State	State
Name:	Name:	Name:	Name:

I hereby certify all statements made in this personal history statement are true and complete and I understand any misstatements of material facts will subject me to a disqualification or dismissal.

Signature

Date



CONFIDENTIALITY AGREEMENT

I, _____, hereby agree to regard with absolute confidentiality all discussions, and any other information to which I am granted access as an Intern. I agree to not discuss any aspect of the information learned while in this program. I agree not to take photographs, video or audio recordings while in this program.

By my signature below, I indicate and understand the confidentiality agreement and violation of this agreement will be cause for immediate removal from the program and notification to your instructor. I understand this agreement is necessary to preserve the integrity of the Topeka Police Department.

Signature

Date

CITY OF TOPEKA and TOPEKA POLICE DEPARTMENT WAIVER AND HOLD HARMLESS

I, _____, (print name) in consideration of being permitted to participate in the Topeka Police Department's **Internship Program** (hereinafter referred to as "program/activity"), hereby acknowledge and agree as follows:

1. I understand that the program/activity involves the risk of injury or death, and I voluntarily assume all risks, regarding my participation in the program/activity. By assumption of all risks, I agree that the City of Topeka, and the Topeka Police Department and their respective officers, directors, commissions, employees, agents and representatives (hereinafter collectively referred to as the "City") shall not be liable for any claim, action, cause of action, damages, or demand, in law or equity, of every kind of character on account of personal injury or damage to me or my property.
2. I understand the City will not provide medical or health insurance coverage to me during any aspect of my participation in the activity. I hereby represent and warrant that I am and will be covered throughout the activity by a policy of accident and health insurance that provides coverage for injuries I may sustain in the course of my participation in the program/activity. I understand I may be required to show proof of insurance coverage prior to my participation in the program/activity.
3. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the City from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the program/activity.
4. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the City from any and all liability, loss, damage or expense, including attorneys fees, that the City or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys fees, which arise out of, occur during, or are in any way connected with my participation in the program/activity.
5. To the extent that I, individually, or my heirs, successors, assigns, or personal representatives bring a claim of any kind whatsoever against the City, I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Kansas, and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. Any claims or causes of action arising out of or related to this program/activity shall be tried exclusively in the courts of the State of Kansas, or (if such claims are permitted by law) in the U.S. District Courts for the State of Kansas.
6. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Participant Name - Please Print

Date

Participant Signature

Parent Signature (if less than 18 years old)