United States Pretrial Services Office

Southern District of California

Are you interested in applying for our Student Lab position?

Not at this time

333 W. Broadway
Suite #600
San Diego, CA 92101
(619) 557-7610

www.caspt.uscourts.gov

APPLICATION FOR U.S. PRETRIAL SERVICES STUDENT INTERNSHIP PROGRAM

Questionnaire for Sensitive Position
(Non-paid position)

EQUAL OPPORTUNITY EMPLOYER

- **Successful applicants will be required to submit to a background clearance which includes fingerprinting.**
- **Please mail completed application to 333 W. Broadway Ste# 600, San Diego, CA 92101 or email Intern_Coordinators@caspt.uscourts.gov**

PERSONAL HISTORY

1. **Full Name** (Last, First, Middle)	2. **Alias:** (List all other names used, i.e. names from a former marriage, maiden name, alias, nickname)
3. **Date of Birth:** (Month/Day/Year)	4. **Social Security Number:**

5. **Place of Birth:** (City, State, County)
City State Country

6. **Citizenship:**
If not a U.S. Citizen, acquired by: Certificate#

Date/Place Naturalized: If not U.S. Citizen, INS status:

REFERENCES

7. **Current Address:** Street Address		Apt.#	Phone:	Cell:
City	State	Zip Code	Email:	

In the event the above information becomes invalid, indicate the name and phone number of a relative whom you can be reached or who could furnish your current contact information.
Name Relationship Phone Number

8. Place(s) of residence for the past 5 years: *(If more room is needed, please attach a separate sheet)*

EDUCATION

9. **High School:** Name of High School/ Issuer of GED	Address	Years attended

10. College: Name and location of College or University	Major/Minor	Yrs. Attended	Degree	GPA
a.				
b.				
c.				
d.				

11. If applicable, please provide your current school schedule

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

FINANCIAL

12. Are you currently in default for any type of financial matter(s)?	YES/NO
If yes, please explain.	

EMPLOYMENT

13. **Present or most recent Employer:**

Address:	City:	State	Zip Code

Supervisor's Name	Supervisor's Telephone #	Best time to be reached?

Date Employed (month/year)	From:	To: Present
	Starting Salary:	Current Salary:

Present or most recent Position:

Description of work:	
If applicable, please provide your current work schedule:	
14. **May we ask your employer about your character, qualifications, and work record?** *A "No" will not affect our review of your qualifications. If you answer "No" and we need to contact your present employer before we can offer you a position, we will contact you first.*	YES/NO
15. **Have you ever been dismissed, fired, or asked to resign from any employment or position you have held?**	YES/NO
16. **Have you ever been denied a job or an internship position for any reason?** *If yes, please explain.*	YES/NO
17. **Please list any special skills, accomplishments, awards, and/or related experience.**	

18. **Language Skills:** Do you speak or read a language other than English?		YES/NO
If yes, what language(s)	Can you speak and understand?	Fluent? YES/NO YES/NO YES/NO YES/NO

CRIMINAL RECORD

19. **Criminal Background:**	
A. Have you ever been charged with, or convicted of, any felony or misdemeanor offense?	YES/NO
B. Have you ever been charged with, or convicted of, a firearms or explosive offense?	YES/NO
C. Are there currently any charges pending against you for any criminal offense?	YES/NO
D. In the last ten (10) years have you used, possessed, supplied, or manufactured any illegal drugs?	YES/NO
E. Have you ever been charged with, or convicted of, any offense(s) relating to alcohol or drugs (including infractions)?	YES/NO

F. In the last ten (10) years have you been arrested, summoned, cited, or did you receive a ticket to appear by any police officer, sheriff, marshal or any other type of law enforcement official not listed in the above responses?	YES/NO

If you answered ''yes" to any of the above responses, please explain you answer(s). If more room is needed, please attach a separate sheet.

Month/Year	Offense	Action Taken	Agency or Court	State

20. **Have you <u>ever</u> tried or experimented with any illegal drug(s)?**	YES/NO

If yes, please provide the type of drug(s) you experimented with, the number of times used, the approximate date(s) of use, and why the drug was used.

21. **In the last ten (10) years, have you come in contact with any law enforcement agency for any reason?**	YES/NO

If yes, please explain.

MENTAL HEALTH RECORD

22. **Have you experienced problems in the past due to any emotional or mental conditions?**	YES/NO

If yes, please list any current or past mental health treatment and/or list any prescribed medication(s).

SCHEDULING

23. **Are you (as an intern) willing to dedicate 15 hours or more per week for four months to this program?** The hours would need to be conducted between the hours of 7:00 am to 5:00 pm, Monday through Friday	YES/NO

Please list your anticipated start date:

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Please list your proposed schedule	Start:					
	End:					

REFERENCES

24. **List two people who are not related to you, and who know your qualifications and fitness for the kind of position for which you are applying. At least one should know you well on a personal basis.**

	Full name of reference	Relationship	Telephone #	Address	City	State	Zip Code
a.							
b.							

QUESTIONS OR CONCERNS

25. **Please note any questions or concerns you may have which could be addressed during an interview.**

CERTIFICATION THAT MY ANSWERS ARE TRUE

I certify that I have read and understood all questions on this application. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form will result in the rejection of my application, or dismissal.

Signature (Please sign in ink only)	Date

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