



UTAH COUNTY SHERIFF'S OFFICE

SHERIFF

MICHAEL L. SMITH

Utah County Sheriff's Office Internship Application

Internship Application

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Date of Birth: _____ Alternate Phone Number: _____

Education Information

School Attending: _____ Years Completed: _____

Major/Career Goals: _____

Professional/School/Career References

1. Name: _____ Phone Number: _____

E-mail Address: _____

How known to applicant: _____

2. Name: _____ Phone Number: _____

E-mail Address: _____

How known to applicant: _____



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MICHAEL L. SMITH

Schedule

Semester: Spring: Summer: Fall:

Anticipated Hours Available

Monday: School's requirement: _____ hours

Tuesday:

Wednesday:

Thursday:

Friday:

Additional Information/Comments

Signature: _____

Date: _____

Deadlines: Application must be submitted by:

Spring Semester: Dec 1

Summer Semester: April 1

Fall Semester: July 1

Transcript must be sent with application and GPA must be verified.