



Internship Application

Name (Print or Type) Last _____ First _____ Middle _____

Current Address _____

City _____ State _____ Zip code _____ Phone # (____) _____

E-mail Address _____

Permanent Address (if different from above) _____

City _____ State _____ Zip code _____ Phone # (____) _____

College or University currently attending _____

Major Field of Study _____ Area of Concentration _____

Academic Level and Number of Credits Completed _____

Position applying for (e.g. Investigator) _____ circle location:
Faribault, Lino Lakes, Oak Park Heights, Rush City, Red Wing, St. Cloud, Shakopee, Stillwater, Togo, Willow
River/Moose Lake, Central Office - Office of Special Investigation,

When are you available for this internship placement? From _____ To _____

_____ Full Time _____ Part Time Number of Hours Per Week _____

How many internship hours do you need to complete? _____

Will you receive course credit for this internship, or is it a program requirement? _____

Name, Address and Phone of Most Recent Employer _____

Additional Information, Special Qualifications, Requirements _____

Signature _____

Date _____

**Submit application materials, including resume and letter of interest to: Internship Coordinator,
Department of Corrections, 1450 Energy Park Drive, Suite 200, St. Paul, MN 55108-5219 or fax
to (651) 643-3444.**

Equal Opportunity Employer

<http://www.doc.state.mn.us>