IOWA DEPARTMENT OF CORRECTIONS
INTERNSHIP APPLICATION

APPLICANT'S INFORMATION (Please Print):

Use complete names; do not use initials or nicknames. Provide any former names you have used, including maiden or married names. **(Please use additional sheets as necessary, signing and dating each sheet.)**

First Name:	
Middle Name:	
Last Name:	
Previous Names:	
Current Street Address:	
Current City/State/Zip Code:	
Date of Birth:	
SSN #:	
Telephone #:	☐Cell Phone: #_____ ☐ Landline: #_____
Email Address:	
Driver's License (DL):	Valid DL: ☐ Yes ☐ No If Yes: DL #:_____ State: _____ If No: ID #:_____ State: _____
School/Program affiliation:	
School/Program Contact Person name and email/phone number:	

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Background and Association Screener

Locations and dates of each residence for the last two years:

City	County	State	Dates at Location (MM/YYYY to MM/YYYY)

Identify all current or former: (Family Members, Friends, Neighbors, Co-Workers, and Classmates), anyone you know that is, or was incarcerated, and/or supervised, by a Federal, State, or County Correctional agency.

Person's Name (First Name; Last Name)	Relationship to person	Agency Incarceration or Supervision	Last Contact Date (MM/DD/YYYY)

Identify all current or previous employment with a Federal, State, local prison, jail, lockup, Community Confinement Facility, Juvenile Facility, or other institutions/facilities.

PREA 115.17(a-c)(f-g); 115.217(a-c)(f-g)

Dates (MM/YYYY to MM/YYYY)	Facility	Location	Reason for Leaving	Contact Person and Number

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Criminal Background Check

Identify all Felony and Misdemeanor convictions, Deferred Judgments and any pending charges that may be disclosed by The National Crime Information Center (NCIC) or other criminal records agencies.

Prior Deferred Judgment: ☐ No ☐ Yes (If yes – please list below):

Date Charge(s) Filed:	
Date of Deferment:	
County/State of Deferment:	
Charge:	

Prior Convictions: ☐ No ☐ Yes (If yes – please list below):

Date Charge(s) Filed:	
Date of Conviction:	
County/State of Conviction:	
Convicting Charge:	
Level of Conviction:	☐ Felony ☐ Misdemeanor
Correctional Supervision:	
Date of Final Release/discharge:	

Date Charge(s) Filed:	
Date of Conviction:	
County/State of Conviction:	
Convicting Charge:	
Level of Conviction:	☐ Felony ☐ Misdemeanor
Correctional Supervision:	

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Date of Final Release/discharge:	

Pending charges: ☐ No ☐ Yes (If yes – please list below):

Date Charge(s) Filed:	
County/State where filed:	
Charge(s):	

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Authorization for Release of Information

I hereby acknowledge that as a condition of my internship with the Iowa Department of Corrections background checks will be done, at a minimum, on fingerprint, past employment and National Crime Information Center (NCIC) records. All information gathered shall be treated as confidential within the meaning of **Iowa Code Section 22.7**. The information gathered will be available to me upon request through the agency authorized to release such information, unless otherwise specifically provided by law.

I hereby authorize the release of information concerning me, whether on record or not, to the Iowa Department of Corrections (DOC) for a period of two (2) years following the date on this form. I also release any individual, partnership, or corporation and their officials, agents, and employees from any liability for any damage whatsoever for issuing such information. This release is for the purpose of internship related information and criminal conviction history.

A photocopy or electronic copy of this authorization is as valid as the original.

I affirm that all the information provided herein is complete and accurate. I understand that any false or incomplete information or entries may disqualify me, and if false information is discovered, it may lead to termination of the internship. **(PREA 115.17(g)); (PREA 115.217(g))**

Internship Applicant Printed Name	Internship Applicant Signature	Date