DCS-1254A (4-17)

ARIZONA DEPARTMENT OF CHILD SAFETY
INTERN APPLICATION

NAME	EMAIL ADDRESS	CELL PHONE	
ADDRESS	CITY	STATE	ZIP

MAILING ADDRESS *(If different)*

REASON FOR INTERNING

CURRENT/PREVIOUS EMPLOYMENT

CURRENT/PREVIOUS EMPLOYER	CURRENT/PREVIOUS OCCUPATION

EMPLOYER'S ADDRESS *(No., Street, City, State, ZIP)*

SUPERVISOR'S NAME	LENGTH OF EMPLOYMENT	PHONE NUMBER

AVAILABILITY

INDICATE THE DAYS AND HOURS YOU ARE WILLLING TO WORK	NUMBER OF HOURS AVAILABLE PER WEEK/MONTH

INTERN EXPERIENCE *(Where, When, Type of Work)*

EDUCATION *(Highest Level)*

High School, College, University, Trade School or Business School	City and State	Dates Attended	Diploma/Degree and Date Received	Major Area of Study

REFERENCES *(Persons Not Related To You)*

1. NAME | PHONE NUMBER

ADDRESS

2. NAME | PHONE NUMBER

ADDRESS

STATEMENT OF CERTIFICATION

Have you ever been convicted of any crime, even if set aside or expunged?
Please note that a criminal conviction does not automatically disqualify you from interning.

☐ YES ☐ NO

If **YES**, please provide the following:

DATE / /	JURISDICTION	CHARGE	☐ Felony **OR** ☐ Misdemeanor

Do you currently have a valid Level One Fingerprint Clearance Card?

☐ YES ☐ NO If **YES**, attach a copy of fingerprint card. If **NO**, use Fieldprint to obtain fingerprint card, *if required*.

Have you had an entry of substantiated acts of child abuse or neglect in any other state's or jurisdiction's registry?

☐ YES ☐ NO If **YES**, please explain:

All interns must consent to a search of the DCS Central Registry for any entries of child abuse. Please provide the following information:

Date of Birth: Social Security Number:

INSURANCE

LIABILITY COVERAGE: Interns are persons doing State of Arizona work/activities under the direction and control of a State authorized official and are not being paid. Liability coverage is extended to interns acting at the direction of a State official and within the course and scope of their State authorized activities. Interns of the State are provided the same liability protection afforded employees. Thus, interns acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized interns of the State.

WORKERS' COMPENSATION IS NOT COVERED: Interns are NOT covered by the State's workers' compensation plan if injured while participating in this program. (Except for interns covered pursuant to A.R.S. 23-901.) Interns are strongly encouraged to obtain their own medical insurance before participating in this program.

I certify that the above responses are true to the best of my knowledge. I agree to allow the Department of Child Safety to check my references. I have carefully read the above information and understand its contents.

PROSPECTIVE INTERN'S SIGNATURE DATE

FOR DCS INTERNAL USE ONLY

SUPERVISOR OF INTERN	TITLE	PHONE NUMBER	
DIVISON/PROGRAM	DUTIES OF INTERN	BEGIN DATE / /	END DATE / /

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.