

**SAM HOUSTON STATE UNIVERSITY
COLLEGE OF CRIMINAL JUSTICE
INTERNSHIP SCREENING INTERVIEW FORM**

Agency of interest _____

Name _____ Date _____

Semester of Internship _____ DL# _____

Student ID # _____ Phone # _____

Gender _____ Race _____ First Generation College Student? _____ Yes _____ No _____

E-Mail _____ Bilingual _____

Current Hours _____ Hours Complete _____ Overall GPA _____ CJ GPA _____ Graduation Date _____

Computer Skills _____

Military Experience _____ If yes, describe _____

Do you have any infractions on your driving record? _____

If yes, describe _____

Do you have any police record, including arrest/custody without final convictions? _____

Have you had any incidents removed from your record? _____ If yes, describe _____

Do you have any current credit problems or a history of bad credit? _____

Have you EVER (*at any time during your life*) used illicit drugs? _____ If yes, when and describe _____

Is there any criminal history or drug use by any member in your immediate family? _____

If yes, describe _____

Are you aware of any physical or medical problems that could interfere with the performance of your internship? _____

Would you answer the above questions the same if you were taking a polygraph? _____

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT DR. JIM DOZIER REGARDING THE PROCESSING AND/OR CHANGES IN MY PURSUIT OF THIS INTERNSHIP OR MY NAME WILL BE DELETED FROM THE INTERNSHIP ROLL. COLLEGE OF CRIMINAL JUSTICE INTERNSHIP OFFICE (936) 294-1659.

Dr. Jim Dozier

Student