

**Pretrial Services Agency  
Eastern District of New York**

**Internship Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other Names Used (Maiden): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

If married, widowed, or divorced, give full names of prior spouses, (maiden name if applicable), date(s) of marriages) and date(s) of divorces:

\_\_\_\_\_  
\_\_\_\_\_

Address History: (Use Separate Sheet if Needed)

Please indicate address history since birth:

**Present Address:**

**Home #:**

**Cell:**

**Email Address:**

State Of Drivers License: \_\_\_\_\_ DL# \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Educational History:**

<b>Name/Address of School:</b>	<b>Dates Attended:</b>	<b>Degree/Diploma</b>

**Do you have any outstanding student loans?:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Current Balance:** \_\_\_\_\_

**Military Service History:**

Branch:	Selective Service#
Dates of Service:	
Discharge Type: Honorable _____ Medical _____ Other _____	

**Employment History:**

Indicate Employer; address; dates employed; reason for separation
<b>Present Employer:</b>
Supervisor's Name/Phone: _____
Supervisor's Name/Phone: _____
Supervisor's Name/Phone: _____

Were you ever terminated from employment?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason: \_\_\_\_\_

Have you ever been arrested, taken into custody, held for investigation, questioned for a crime, or charged by law enforcement?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date:	Specify Jurisdiction Location:	Charge:	Case Result:

Has anyone in your family ever been charged or convicted of a **FEDERAL** crime?  
[Please explain]

Date:	Specify Jurisdiction Location:	Charge:	Case Result:

Do you suffer from any chronic illness or disabilities?: [Please explain]

\_\_\_\_\_

Have you ever been treated for mental illness or experienced a mental breakdown?:  
[Please explain]

\_\_\_\_\_

\_\_\_\_\_

**Family Information: Name/Age/Place of Birth/Current Address:**

Mother:	
Father:	
Siblings:	
Children:	

**Do you have any lawsuits pending in any court at the present time?:**

Which Court?	Case Type?	Case Number:

**Do you have any family members who are employed by the Federal Courts or in federal law enforcement?: [Please explain]**

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**Please provide 3 Professional References:**

Indicate Names: Addresses: Phone Numbers:

**Please submit this application to the Internship Coordinator at:**

Pretrial Services Agency  
United States District Court  
225 Cadman Plaza East  
South Wing, Room 219  
Brooklyn, NY 11201