

IDAHO DEPARTMENT OF CORRECTION
Internship Application

1. Student Information		
Name: _____ Phone: _____		
Email: _____ College/University: _____		
Are you currently employed by the IDOC? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, IDOC Manager approval is required.)		
Have you ever been employed by the IDOC? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
If you answered 'yes' to the above question, the work location was: _____		
If you answered 'yes' to the above question, the position of employment was: _____		
Major(s): _____ Class Standing: _____		
<input type="checkbox"/> Undergraduate (Bachelor) <input type="checkbox"/> Graduate (Masters) <input type="checkbox"/> Post-Graduate (Licensing or PhD)		
2. College/University Information		
College/University Contact Name: _____ Phone: _____		
Email address: _____		
3. Internship Information		
Internship Position Title: _____ Date Available: _____		
Desired Work Location: _____ No. Hours Available Per Week: _____		
A. What do you hope to learn or gain from an internship with the IDOC? (E.g., what are the learning objectives?) Please be specific.		
B. How will you accomplish the learning objectives? List the steps and please be specific.		
C. How will you measure the results?		
D. How do you see this internship affecting your short and long-term career goals?		
E. Submit this form to your school's internship department head or instructor for approval. To qualify for an internship with IDOC, your internship must be endorsed by your school as a part of an official course of study.		
School Dept Head/Professor's Name _____	Signature _____	Date _____

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4. IDOC Division Manager Approval		
This section is for applicants who are currently employed with the IDOC. If you are not a current IDOC employee, proceed to section 5.		
Current Division Manager:		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain below.		
Current Division Manager Name	Signature	Date
Internship Division Manager		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain below.		
Internship Division Manager Name	Signature	Date
5. Site Internship Coordinator Approval		
Internship Position Title: _____		
Internship Start Date: _____		Internship End Date: _____
Work Location Assigned: _____		
Intern Supervisor Assigned: _____		
Student's Assigned Work Schedule: _____		
A. The student will be evaluated on the following workplace skills and other specific duties assigned:		
<ul style="list-style-type: none"> • Attendance • Appearance • Initiative 	<ul style="list-style-type: none"> • Job Knowledge • Learning Objectives • Observance of IDOC Policies 	<ul style="list-style-type: none"> • Quality of Work • Quantity of Work • Self-confidence
<ul style="list-style-type: none"> • Versatility • Working Relationships 		
B. The student will require access to the following IDOC information technology infrastructure: <input type="checkbox"/> EDOC <input type="checkbox"/> Reflections <input type="checkbox"/> CIS		
Note: The site coordinator should submit a helpdesk request to IDOC IT for computer access.		
C. Attachments: Please attach the following forms to this packet and submit to the IDOC Internship Coordinator in Human Resources: <input type="checkbox"/> Background Investigation Questionnaire <input type="checkbox"/> Relationship Disclosure Form		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Student's Signature		_____ Date
Site Internship Coordinator's Name	Signature	Date
6. IDOC Internship Coordinator Approval		
ET&R Approval required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
ET&R Coordinator's Name	Signature	Date
IDOC Internship Coordinator's Name	Signature	Date