



CITY OF MANITOU SPRINGS
POLICE DEPARTMENT
CHIEF OF POLICE: JOE RIBEIRO



THE MISSION OF THE MANITOU SPRINGS POLICE DEPARTMENT IS TO BUILD AND MAINTAIN A SENSE OF SAFETY AND A HIGH QUALITY OF LIFE THROUGH EXEMPLARY CUSTOMER SERVICE.

Dear Student Intern Applicant:

Thank you for your interest in participating in the Manitou Springs Police Department's Student Intern Program. Upon approval, this 160-hour (four credit) internship will provide you with an overview of our Department and general law enforcement functions within the City of Manitou Springs. You will be expected to learn about our community and engage with citizens, business owners and tourists.

As part of your application process, we will conduct a background investigation and check references in order to determine your suitability to serve within our community.

This packet includes your application and a Release of Information Agreement. You must complete the entire packet and return it to me as soon as possible.

If you have questions or would like more information, please contact me by email at jribeiro@comsgov.com or by phone at 719.685.2541.

Sincerely,

Joe Ribeiro, Chief of Police



Manitou Springs Police Department Minimum Requirements for Student Interns

- 1. Must be honest on the Manitou Springs Police Department Student Intern Application.**
2. Must be at least 18 years of age.
3. Must have **no** felony convictions.
4. Must have no misdemeanor convictions in the last 3 years.
5. Must be off any type of probation or parole for 3 years.
6. Must not have had any arrests in the last 3 years.
7. Must have no Marijuana or Illegal drug use in the last 12 months.
8. Must not have been incarcerated **or** held in a detention facility for 3 years.
9. Must not be related to anyone incarcerated at one of the El Paso County Detention Facilities.
10. All interns will have CCIC/NCIC background checks performed and fingerprints sent through CBI.
11. Truth verification examinations may be required.
12. Reference checks (2).
13. Interview with Manitou Springs Police Department Hiring Panel.

Application Check List

Before submitting application, please make sure all of these items have been completed.

- O Be honest on your application! *An arrest does not automatically prohibit acceptance into the Student Intern Program.*
- O Complete all areas applicable to you.
- O Release of Information Agreement
– **Sign in the presence of a Notary.**
- O Attach a copy of the FRONT and BACK of your valid **Driver's License** (or other photo identification if you do not have a valid Driver's License).
- O Questions, contact MSPD Police Chief Joe Ribeiro at 719 685-5407.
- O Mail or deliver completed application packet to:

Manitou Springs Police Department
Attn: Police Chief Joe Ribeiro
606 Manitou Ave
Manitou Springs, CO 80829

**Thank you for your interest in the Manitou Springs Police
Department Student Intern Program!**



STUDENT INTERN APPLICATION
Please print clearly and complete all applicable areas.

NAME: _____
Last First Middle Initial

AKA: _____

ADDRESS: _____
Street City Zip

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ Country of Citizenship: _____

DO YOU POSSESS A CURRENT VALID DRIVER'S LICENSE? _____ Yes _____ No

DRIVER'S LICENSE NUMBER & STATE OF ISSUE: _____

SEX: _____ RACE _____ HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY

NAME _____
Last First Middle Initial

ADDRESS: _____
Street City Zip

Home Phone Work Phone Cell Phone Relationship

**Attach a copy of the FRONT and BACK of your valid Driver's License
(or other photo identification if you do not have a valid Driver's License)**

REFERENCES: LIST TWO PERSONAL REFERENCES
DO NOT INCLUDE RELATIVES

1. _____
Name Relationship

Address City Zip Home/Work Phone Number

2. _____
Name Relationship

Address City Zip Home/Work Phone Number

EDUCATION

Name/Location of High School Attended: _____

Date Diploma / GED received: _____

Name/Location of College Attending: _____

Required Hours Needed for Internship: _____

School Contact (name, title, phone number): _____

Area(s) of Study : _____

EMPLOYMENT:

Current Employer: _____

Address: _____
Street City Zip

Employment Contact: _____ Phone: _____

Current responsibilities: _____

Describe previous work experience: _____

Are you in anyway related to or associated with anyone who is currently employed with The City of Manitou Spring? _____ Yes _____ No

If yes, please name the person(s) and explain your relationship: _____

Have you ever used marijuana? _____ Yes _____ No

When was the last time you used marijuana? _____

Have you ever used any illegal drugs? _____ Yes _____ No

If yes, what drug(s) have you used and when was the last time you used the drug(s)? _____

NOTE: AN ARREST DOES NOT AUTOMATICALLY PROHIBIT ACCEPTANCE INTO THE STUDENT INTERN PROGRAM. *(Please review Minimum Requirements)*

ARREST INFORMATION

Have you ever been arrested, charged, "questioned as an accused party", or convicted of a felony or misdemeanor, including court martial and military charges? (Omit traffic violations).

_____ Yes _____ No If yes, complete the following:

Charges	City & State	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you were convicted, what was the nature of your crime(s)? _____

Date(s) of conviction(s): _____

Are you on Probation or Parole? _____ Yes _____ No

Current status of conviction(s) _____

Have you ever been incarcerated in a correctional/detention facility?

1. If yes, give facility name and location: _____

2. Date and length of incarceration: _____

3. Date of release and current status: _____

This waiver is valid for a period of twelve months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant's Name (print): _____

Applicant's Signature: _____

Applicant's Address: _____

Date: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ by

(NAME)

Witness my hand and official seal.

NOTARY PUBLIC

My commission expires: _____