



# Louisiana State Police Crime Lab

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## Internship Program Application Form

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

Name: \_\_\_\_\_  
First/MI/Last Name

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street, Route, Apt. # City State Zip Code

Telephone No.: \_\_\_\_\_ Alternate Telephone No.: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City/State/Country

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

State ID Card No.: \_\_\_\_\_ State: \_\_\_\_\_  
Only required if applicant does not have a Driver's License

Name of College/University: \_\_\_\_\_

Location of College/University: \_\_\_\_\_  
City State

Type of Degree: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Major Course of Study: \_\_\_\_\_

Briefly describe why you want to apply for an internship at the Louisiana State Police Crime Laboratory. Additionally, if applicable, briefly describe the requirements needed to complete your college/university internship program (e.g., time frame of the internship, number of credit hours you will receive for completion of the internship, and reports and/or summaries needed to be completed by the troop or division.)

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**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
First/MI/ Last Name

Address: \_\_\_\_\_  
Street, Route, Apt. # City State Zip Code

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
First/MI/ Last Name

Address: \_\_\_\_\_  
Street, Route, Apt. # City State Zip Code

**PERSONAL REFERENCES** (List three references, excluding relatives)

Name (First/MI/Last Name)	Occupation	Address (Include city)	Telephone No.
			( )

Name (First/MI/Last Name)	Occupation	Address (Include city)	Telephone No.
			( )

Name (First/MI/Last Name)	Occupation	Address (Include city)	Telephone No.
			( )

**Volunteer experience:** (Describe your volunteer experience, to include month and year, whether full or part-time, number of hours per week, employer address, and position held.)

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Do you require special accommodations for completion of the internship?       Yes  No If yes, explain:

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**I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge. I understand deliberate misrepresentation or omission of information is cause for rejection of my application or subsequent dismissal from an internship. I further understand that completion of this form does not guarantee my placement in an internship, does not indicate there are internships available, and in no way obligates the Louisiana State Police.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Month/Day/Year

Mail or email this application, including all other required documents such as an official college transcript and a resume, to the address below. Feel free to contact us if you have any questions.

Louisiana State Police Crime Laboratory  
376 E. Airport  
Baton Rouge, Louisiana 70806  
Telephone: (225)-925-6216  
Email: [Crimelab@la.gov](mailto:Crimelab@la.gov)