



MINNESOTA STATE PATROL INTERNSHIP PROGRAM

Mission Statement: The Mission of the Minnesota State Patrol is to protect and serve all people in the state through assistance, education and enforcement; provide support to allied agencies and provide for the safe, efficient movement of traffic on Minnesota's roadways.

PURPOSE: The internship's purpose is to provide experience for university and college students who are seriously interested in entering the field of law enforcement. Qualified students will provide administrative support duties to clerical support and uniformed staff aiding in daily district operations. Students will be exposed to the day-to-day activities of a Minnesota State Patrol Trooper. They will be introduced to the different areas and divisions of our organization.

ELIGIBILITY:

To be considered for an internship with the Minnesota State Patrol, students must meet the following criteria:

- Must be attending a college or university that meets the accreditation criteria as a Criminal Justice/POST approved school.
- Must possess a valid driver's license or have the proven ability to acquire one prior to the starting date. A clean or acceptable driving record will be required.
- Must submit to and pass a driver license/criminal history check.

LENGTH AND HOURS OF INTERNSHIP:

The internship will be scheduled for a semester or a quarter, depending on the college or university with which the student is affiliated. Summer internships run from May through August and fall internships run from September through December. The number of internships offered is dependent upon the needs of the agency.

All internships are unpaid.

Work time will be flexible Monday-Friday. The district supervisor will set actual hours.

APPLICATION REQUIREMENTS:

To apply for an internship with the Minnesota State Patrol, all students must provide the following:

- Cover letter outlining your career goals and why you would like to be an intern with the Minnesota State Patrol.
- Completed Minnesota State Internship Application.
- Resume indicating any specialized qualifications you have (i.e. computer, audio/visual, communications etc.)
- A letter from the college official overseeing your internship verifying that this is an authorized college/university internship program.

If you fail to submit a complete packet, you will not be considered for this opportunity.

Application Timeline:

The complete application packet must be received by:

Summer Internship – Last Friday in January

Fall Internship – Last Friday in May

Candidates that best fit the needs of the Minnesota State Patrol will be contacted no later than 6 weeks after the application deadline.

Application Information/Packet should be sent to:

Nancy Olson, DPS Internship Coordinator
MN Department of Public Safety, Human Resources Division
444 Cedar Street, Suite 135
St. Paul, MN 55101-5135
Office: 651-201-7383 FAX: 651-296-5173
Email: nancy.ann.olson@state.mn.us



Minnesota State Internship Application

To be completed by the student and sent directly to the Minnesota state agency(s) selected by the student. Applications should be submitted as early as possible (preferably two or three months before the student wishes to begin the internship).

Most internship opportunities are posted on the Minnesota Management & Budget website, <http://www.mmb.state.mn.us/staffing/i&sw-opp.htm>, and students may obtain agency addresses from this site. If you are interested in an internship at an agency that is not on the website, you may contact that agency's human resource office to inquire regarding possible internship opportunities.

Eligibility: To participate in this program, students must receive academic credit or their academic program must require an internship.

NOTICE! The data that you supply on this application will be used to match your academic background and requirements to available internship opportunities. You are not legally required to provide this data, but we may not be able to consider you without it. Your name, home address and home telephone number are requested so that we may contact you regarding internship opportunities.

Name	Last	First	Middle
Address at present (street and number, city, state and zip)			Telephone ()
Permanent mailing address if different from above (street and number, city, state and zip)			Telephone ()
Educational institution you now attend		Department	
Major field of study		Academic level or credits	
Internship experience desired			
Previous internships: when, where & duties			
In which area of the state would you be able to work? <input type="checkbox"/> Twin Cities <input type="checkbox"/> Other: _____			
When would you be willing to perform an internship project?		<input type="checkbox"/> Full-time	
From: _____, 20 _____		<input type="checkbox"/> Part-time	
To: _____, 20 _____		No. of hours/week _____	
Length of internship needed to meet academic requirement?			
"X" any that apply:			
<input type="checkbox"/> Monetary compensation is required. <input type="checkbox"/> Monetary compensation not required. <input type="checkbox"/> Room and board are required.			
Additional information, special qualifications, and/or requirements.			
Signature			Date

This form is printed and provided by Minnesota Management & Budget.

If you require an alternate format (i.e., large print, etc.), call (651) 215-0685/Voice or (651) 282-2699/TTY.

Please do not complete or submit the attached release form until you have interviewed and been selected to participate in the internship program.

Once you are selected, complete the form and mail, email or fax the form to Kathy Walker at kathy.walker@state.mn.us, 1900 West County Road I, Shoreview, MN 55126, fax 651-628-6797.

You cannot begin your internship until these record checks have been completed.

Minnesota Department of Public Safety Driver License/Criminal History Form

The Department of Public Safety requests the following information in order to determine if you have been convicted of crimes, which directly relate to the position you seek with the Department of Public Safety. The requested information is a continuation of the application process pursuant to Minnesota Statute. Your signature on this form authorizes the Department of Public Safety to request a search of your record for any driver license and criminal history.

While you are not required to provide this information, failure to do so may result in removing your name from consideration. The information requested below is private data by law. Your name, including any previous names and your date of birth are necessary to accurately access criminal history information. Although optional, you are requested to provide your gender and race/ethnicity to ensure that the records received are yours. Access to this information will be limited to individuals within the Department of Public Safety whose job duties reasonably require access and to any individuals to whom you provide written consent. Additionally, access to this information will be released without your consent as follows:

- to the Commissioner of Minnesota Management and Budget (Minn. Stat. Ch. 43A);
- to labor organizations, to the extent necessary to implement state law governing labor relations (Minn. Stat. §13.43);
- if required by court order; or
- authorized by other state or federal law.

Please provide us with the information requested below. Please Print.

Last Name	First Name	Middle Name
List previous names used: _____		Date of Birth: _____
_____		Race/Ethnicity: _____
_____		Gender: _____

Have you been convicted of a felony, gross misdemeanor, or misdemeanors for which a jail sentence may have been imposed? Yes ___ No ___

If yes, please use the reverse side to provide a complete chronology of your offense history. Include the type of offense, county, state, date and final disposition (i.e. jail time, fine, probation, etc.).

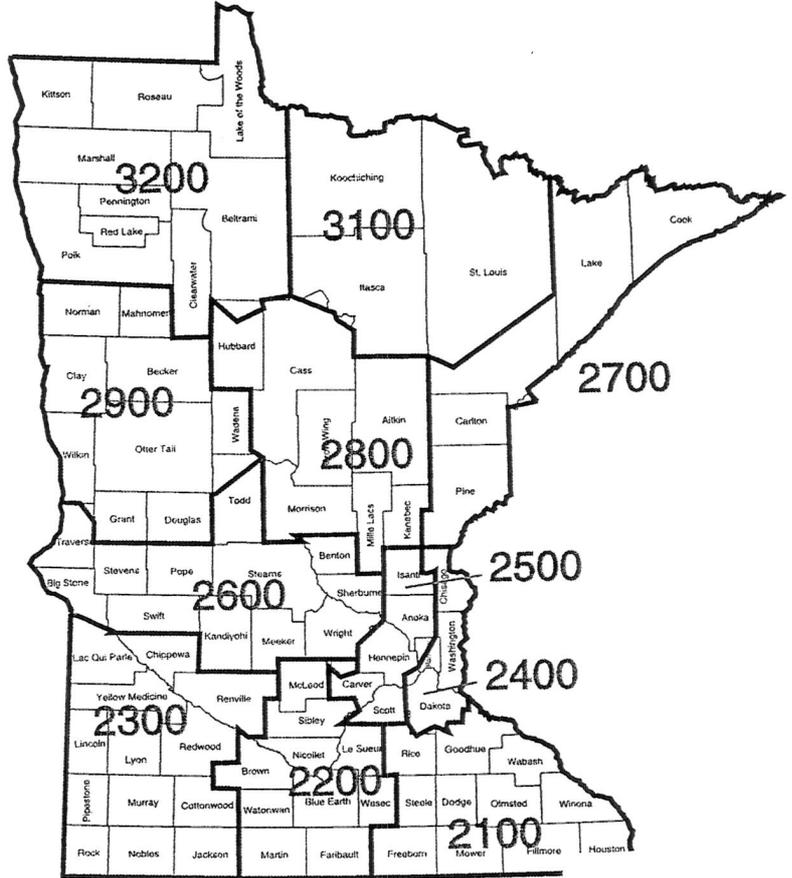
Driver License Number _____ State of Issue _____

I certify the above information to be true and accurate to the best of my knowledge. I understand that failure to disclose information or providing false information may subject me to the penalties of M.S. §43A.39.

Signature

Date

Minnesota State Patrol



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**District
Headquarters**

Office Address

2100.....	2900 48th Street N.W., Rochester, MN 55901.....
2200.....	2171 Bassett Drive, Mankato, MN 56001.....
2300.....	1800 E. College Drive, Marshall, MN 56258.....
2400.....	3489 Hadley Avenue N., Oakdale, MN 55128.....
2500.....	2005 North Lilac Drive, Golden Valley, MN 55442.....
2600.....	3725 12th Street N., St. Cloud, MN 56303.....
2700.....	1131 Mesaba Avenue, Duluth, MN 55811.....
2800.....	P.O. Box 644, Brainerd, MN 56401.....
2900.....	1000 Hwy. 10 W., Detroit Lakes, MN 56501.....
3100.....	101 No. Hoover Rd., #100, Virginia, MN 55792.....
3200.....	242 125th Avenue N.E., Thief River Falls, MN 56701.....