





**San Mateo County Sheriff's Office**  
**Forensic Laboratory**  
 50 Tower Road, San Mateo, CA 94402  
 (650) 312-5306  
 Fax: (650) 356-0351



**Education and Training**

Do you have a college degree? Yes  No

If yes, please complete the following:

College/University: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Major : \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

Are you currently enrolled in college/university? Yes  No

If yes, please complete the following:

College/University: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Major: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_  
 Degree: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Please list any additional specialized training or courses you may have that may qualify you for this internship:

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### Employment and Experience

Please list your current and previous employers for the past 5 years, including any past internship.

**1. Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**2. Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3. Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



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May we contact your present or past supervisors? **Yes**  **No**

If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References**

Please list three individual references, excluding family members and employers.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Certificate of Applicant**

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights to be considered for this internship with the San Mateo County Sheriff's Office Forensic Laboratory. I further agree to be fingerprinted, to submit a complete medical exam and to furnish such proof as age and citizenship as may be required by law.

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

If interested in the Latent Print Internship Program, please submit this application and transcripts no later than Friday, March 10, 2010, to the following address:

San Mateo County Sheriff's Office  
 Forensic Laboratory  
 50 Tower Road, San Mateo, CA 94402  
 Attention: Anne-Marie Toensing