



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



## FORENSIC BIOLOGY INTERN APPLICATION

Forensic Biology Interns will spend the majority of their time screening evidence that has been obtained in the course of a criminal investigation for the presence of biological fluids. During the course of their work, technicians will be expected to take notes and write reports on their findings. While infrequent, courtroom testimony is a possibility, and technicians may be required to respond to court and testify concerning their evidence examinations.

The Forensic Biology Intern Program has a minimum commitment requirement of one year. The candidates are expected to work a minimum of sixteen hours per week (40 hours per week in the first six weeks for training). The position is **non-paid**.

<b>Personal Information</b>
-----------------------------

Name: \_\_\_\_\_  
Last
First
Middle

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

**Yes      No**

Are you willing to participate in a background check?

Have you ever been convicted of a felony or misdemeanor or been on parole or probation?\*

**\*Please understand a "YES" response to this question may be disqualifying. In addition, all undisclosed and later discovered criminal history will result in disqualification during the background investigation and interview. This may include, but is not limited to the following: traffic accidents, traffic tickets, citations, employment history, drug and alcohol use, past probation, date and number of misdemeanor crime convictions.**



**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**

**Yes      No**

Do you have a college degree?

If yes, please complete the following:

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Major : \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

**Yes      No**

Are you currently enrolled in college/university?

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:

---



---



---



---



---



---



---



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



**Essay**

Please explain why you are interested in the **Forensic Biology Intern Program** with the San Mateo County Sheriff's Office Forensic Laboratory.



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



### Employment and Experience

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

**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: \_\_\_\_\_



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



**Yes      No**

May we contact your present or past supervisors?

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 Forensic Biology Intern Program this application and a copy of transcripts must be received by the San Mateo County Sheriff's Office Forensic Laboratory no later than 1400 hours on Thursday, February 14, 2019. Please submit the completed application packet to:  
**San Mateo County Sheriff's Office**  
**Forensic Laboratory**  
**50 Tower Road, San Mateo, CA 94402**  
**Attention: Alice Hilker**

Late or incomplete applications will not be considered.