DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION

CONNECTICUT STATE POLICE

CONNECTICUT STATE POLICE APPLICATION FOR INTERNSHIP

Application Instructions
Please attach a letter of interest, resume and copy of unofficial school transcript to this application. Email this form to: CSP.internship@ct.gov

PERSONAL INFORMATION			
Last:	First:	M.I.	Date:
Permanent Address:			
City:	State:	Zip Code:	
Address During Period of Internship (if different):			
City:	State:	Zip Code:	
Phone:	Email:		
Date of Birth:	Place of Birth:		
Driver's License Number/State Issued:		SSN:	
Polo Shirt Size: Select			

EDUCATIONAL INFORMATION	
Name of School:	
Major/Concentration:	
Current Education Level:	Graduation Date:
College Internship Hours Requirement (if any): Yes ☐ No ☐ # of Hours needed:	

INTERNSHIP INFORMATION

Availability/Hours:

Sunday:	Thursday:
Monday:	Friday:
Tuesday:	Saturday:
Wednesday:	Total Hours Per Week:

Do you have reliable transportation? ☐Yes ☐No
Are you willing to travel up to one hour to an internship location? ☐Yes ☐No
Are you willing to sign a social/digital and traditional media release form for CSP use in recruitment/advertising? Select

PREFERRED LOCATIONS:
Patrol: Troop A (Southbury); Troop B (Canaan); Troop C (Tolland); Troop D (Danielson); Troop E (Montville); Troop F (Westbrook); Troop G (Bridgeport); Troop H (Hartford); Troop I (Bethany); Troop K (Colchester); Troop L (Litchfield), Traffic Services **Detective Bureau**: Major Crimes/Crime Van (Western/Central/Eastern District), Intelligence Operations Unit, Financial Crimes

Please indicate in order of preference	
1st Choice: Select	
2nd Choice: Select	
3rd Choice: Select	

AREAS OF INTEREST:

Administrative Services: State Licensing & Firearms Unit, Sex Offender Registry, Technology & Communications (Dispatch), Quartermaster, Training Academy, Fleet Administrative Office, Research & Planning, Accreditation Unit, K-9 Training Unit, Fire Explosives Investigation Unit (FEIU)

Please indicate in order of preference	
1st Choice: Select	
2nd Choice: Select	
3rd Choice: Select	

Have you previously done an internship? Select Where:

EMERGENCY CONTACT INFORMATION		
Name:		Relationship:
Address:		
City:	State:	Zip Code:
Phone and Email:		

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY SUPPLEMENTAL VOLUNTARY QUESTIONS
Do you have a disability (as defined in the Americans with Disabilities Act as a physical or mental impairment which subsequently limits a major life activity)? Choose an item.
Gender: Select
Race/Ethnic Background: ☐ **White (not of Hispanic Origin):** Persons having origins in any of the peoples of Europe, North Africa or the Middle East. ☐ **Black (not of Hispanic Origin):** Persons having origins in any of the black racial groups of Africa. ☐ **Hispanic:** Persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. ☐ **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. ☐ **Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

The State of Connecticut is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities, and persons with disabilities.

Veteran Status: Select

How did you learn about CT State Police Internship opportunities? **PLEASE INDICATE WHERE IN BOX PROVIDED**

☐ CT State Police Website

☐ CT State Police Social Media

☐ Other Website/Social Media: _____

☐ School/Career Services: _____

☐ CSP Employee: _____

☐ Job Fair/CSP Recruitment Event: _____

☐ Other: _____

RECORDS VERIFICATION AND RELEASE AUTHORIZATION

Upon offer of internship/volunteer service, I authorize the Connecticut Division of Criminal Justice to conduct verification of education records, criminal history records, previous employment and to contact personal references. I hereby authorize persons, schools, former employers and other organizations to release to the Connecticut Division of Criminal Justice information that may be requested. I agree to discharge the Connecticut Division of Criminal Justice and its employees from any claims, damages and liabilities arising from the retrieval, reporting or dissemination of information authorized by this release. My signature below attests to the accuracy of the information provided on this form. If this application leads to an internship/volunteer service, I understand that false or misleading information in my application or interview may result in my release.

Applicant's Signature: _____ Date: _____

Revised 9/2026