



South Carolina Law Enforcement Division

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SC Law Enforcement Division's Student Internship Program

The SC Law Enforcement Division's Student Internship Program is a non-paid program implemented throughout the year in conjunction with colleges and universities throughout the country. The purpose of the program is to expose a number of outstanding undergraduate and graduate students to the SC Law Enforcement Division and encourage future career interest in the field of law enforcement. A limited number of internships will be awarded each term. Individuals possessing strong academic credentials, a strong degree of motivation, and the ability to represent SLED upon returning to their various campuses, will be selected.

QUALIFICATIONS

Selection for the SC Law Enforcement Division's Student Internship Program will be based on an individual's enrollment in a two or four year program or graduate level academic program. Applicants must also have at least a 2.5 cumulative academic grade point average on a 4.0 scale, or the equivalent, and must meet other requirements deemed necessary for access to SLED facilities.

APPLICATION PROCESS

Individuals interested in the SC Law Enforcement Division's Student Internship Program should contact the SLED Office of Human Resources at (803) 896-7199 for applications and additional information. The application must be typed or printed in black or blue ink only. **PLEASE DO NOT ALTER THE APPLICATION IN ANY WAY.** Each candidate must complete and submit a Student Internship application along with the following information to the SLED Office of Human Resources:

- 1) **Personal Resume with One Reference**
- 2) **Official Academic Transcript (sent directly from College/University)**
- 3) **Written Recommendation from Academic Advisor or Dean**

Upon receipt of the documents listed, selections will be based upon academic achievement in area of study, life and work experiences, and an interest in law enforcement. Prior to selection, interns will be required to successfully complete various database checks, including but not limited to, criminal history and driver's license checks.

Waiver of Liability and Confidentiality forms must be signed before an intern begins work. Assignments to a SLED unit will be based upon availability and a student's educational discipline and potential contribution to the program. Each intern will be under the overall supervision of the SLED Office of Human Resources and the Special Agent in Charge of the assigned unit.

APPLICATION DEADLINES

Fall – June 30th
Summer – March 30th
Spring – November 30th

Thank you for your interest in the SC Law Enforcement Division's Student Internship Program.



An Accredited Law Enforcement Agency



SLED STUDENT INTERNSHIP APPLICATION

NAME: _____
LAST FIRST MIDDLE

DATE OF BIRTH: _____ SSN: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____
LOCAL/PERMANENT/CELL

NAME OF COLLEGE/UNIVERSITY: _____

MAJOR: _____ CUMULATIVE GPA: _____

CLASSIFICATION: FRESHMAN SOPHOMORE JUNIOR SENIOR
 GRADUATE STUDENT

WHICH SEMESTER WOULD YOU LIKE TO BE CONSIDERED?
 SPRING SUMMER FALL YEAR _____

NAME OF ACADEMIC ADVISOR: _____

ADVISOR'S TELEPHONE NUMBER: _____

WILL YOU RECEIVE ACADEMIC CREDIT FOR INTERN WORK? YES NO
IF YES, HOW MANY HOURS ARE YOU REQUIRED TO WORK? _____

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENSE? YES NO

IF YES, LIST THE CHARGE AND DISPOSITION: _____

HAVE YOU EVER VOLUNTEERED IN AN AREA OF LAW ENFORCEMENT? _____

IF YES, WHAT AREA AND WHERE? _____

PLEASE LIST THREE AREAS OF INTEREST. (Some Forensics Units require that students be Chemistry, Biology, or Genetics majors currently in their junior or senior year. Some areas may require verification of immunization.)

1. _____ 2. _____ 3. _____

WHAT ARE YOUR FUTURE CAREER GOALS?

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CONTACT NUMBER: (HOME) _____ (WORK) _____

Applicant Signature: _____ *Date:* _____

****PLEASE SUBMIT APPLICATION AND ALL RELATED INFORMATION TO:**

**STATE LAW ENFORCEMENT DIVISION
OFFICE OF HUMAN RESOURCES
INTERNSHIP PROGRAM
P.O. BOX 21398 COLUMBIA, SC 29221-1398**

INTERNSHIP CHECK LIST

(FOR OFFICIAL USE ONLY - DO NOT WRITE ON THIS FORM)

Intern Name: _____

Interview Date (Optional): _____ **Interviewer:** _____

Dept./Unit Assignment: _____

Start Date: _____ **End Date:** _____

Application

Resume

Academic Transcript **Current GPA:** _____ **Cumulative GPA:** _____

Letter of Advisor Recommendation

Database Checks: (Please indicate all completed checks.)

Criminal History	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Driver's License	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
AutoTrack	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
SCIEX Warehouse	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Prior SLED Investigation (MAPPER)	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
MySpace/Facebook: _____	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
Other: _____	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable

Approved

Disapproved

Dept./Unit Assignment: _____

Daily Supervision By: _____

Authorization:

Director, Office of Human Resources: _____

Signature

Date

Liability/Confidentiality Forms Signed

ID/Access Card Issued
