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.
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  ☐ Acceptable  ☐ Unacceptable

Driver’s License  ☐ Acceptable  ☐ Unacceptable

AutoTrack  ☐ Acceptable  ☐ Unacceptable

SCIEX Warehouse  ☐ Acceptable  ☐ Unacceptable

Prior SLED Investigation (MAPPER)  ☐ Acceptable  ☐ Unacceptable

MySpace/Facebook: ____________  ☐ Acceptable  ☐ Unacceptable

Other: ______________________  ☐ Acceptable  ☐ 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