



Georgia Bureau of Investigation Internship Program

The Georgia Bureau of Investigation (GBI) Internship is a valuable learning experience for college and university students pursuing a criminal justice or related degree. The program is administered by the GBI Office of Human Resources (OHR). The length of the internship is one semester as determined by the intern's college or university, with the concurrence of the GBI OHR.

Eligibility

The program is open to full-time students pursuing an undergraduate or graduate degree in criminal justice or related field. The students **MUST** be classified as a junior, senior or a graduate student at the time of application.

Applicants must also meet the following criteria:

1. **U.S. citizen at least 18 years of age.**
2. **In good academic standing**
3. **Must currently be enrolled during their interning semester.**
4. **Recommended by the college/university.**

Disqualification Standards

****Please read carefully****

Students will be disqualified for any of the following:

- **Illegal use of marijuana or non-prescription steroids within one year of internship application date.**
- **Deliberate misrepresentation of illegal drug history in connection with the application.**
- **Deliberate misrepresentation or falsification of any GBI application or background information.**
- **Prior convictions for a felony or misdemeanors of high and aggravated nature.**
- **Illegal use of any drug while employed in any position that has high level of responsibility.**
- **Illegal sale, distribution or manufacturing (to include growing) of any drug.**
- **Use of an illegal drug or combination of illegal drugs, other than experimental marijuana use or non-prescription anabolic steroids, within ten years of the internship application date.**
 - *Experimental use of marijuana will be determined by*
 - *Number of times used*
 - *Frequency of use*
 - *Age at the time of use.*
 - *Circumstances surrounding use.*
- **Use of an illegal drug or combination of illegal drugs, other than marijuana or non-prescription anabolic steroids, more than 5 times.**

- **Deliberate association of a personal nature within the past twelve months with any person who used illegal drugs in the presence of applicant.**
 - *Deliberate association will be determined by:*
 - *Circumstances surrounding the incident*
 - *Location of incident*
 - *Applicants' response or lack of response in the incident.*
- **Conduct or activity which reflects a disregard for local, state, or federal laws or which conflicts with the standards of behavior or ethical principles of the GBI.**
- **Failure to complete the polygraph examination process**
- **Driver's history which suggests a pattern of disregard for the law.**
- **Credit history which suggests fiscal irresponsibility.**

Application

Intern applicants must submit to the GBI Office of Human Resources prior to the semester in which the internship is to be served the following:

- Completed Internship Application
- School Certification Form
- Authorization for Release of Personal Information
- Waiver of Liability
- Awareness Statement
- Certification and Authorization
- Intern Agreement Guidelines

Failure to complete, sign and submit the above documents will delay internship process.

The Office of Human Resources will review applications to determine if the applicant meets the internship program qualifications.

1. Intern applicants must be willing to serve for a minimum of 30 hours a week for 8 weeks in order to receive the most benefit from the program.
 - a. Students may work longer hours and weeks as directed by their college/university internship coordinator(s) and GBI work unit supervisor(s) to ensure their college/university requirements are met.
2. The supervisor of the desired work unit will coordinate interviews with intern applicants. The supervisor will approve or disapprove the acceptance of the intern applicant.
3. Applicants must successfully complete a GBI polygraph examination and limited background investigation to be accepted into the program.
4. Upon consultation with appropriate supervisor(s), the office of Human Resources will place the intern in a GBI work unit with consideration given to the needs of the appropriate division and the geographic availability of the intern.
5. ***The GBI will attempt to accommodate all intern applicants, but there are no guarantees that everyone who applies will be approved for an internship.***
6. Applicants majoring in a criminal justice or related field may intern at any of 15 Regional offices, ***select*** task force offices or specialized units at GBI Headquarters. Applicants majoring in science or related majors may intern with the Department of Forensic Sciences at Headquarters. IT and related majors may intern with the Georgia Crime Information Center located at Headquarters. Applicants will not be allowed to intern at regional crime labs.

Guidelines and Restrictions

1. Interns are not commissioned with sworn officer status.
2. Interns will conform to the dress and conduct code of the GBI.
3. Interns will be responsible directly to the supervisory personnel of the work unit in which the internship is served. Supervisors are responsible for ensuring that interns receive appropriate training dependent upon their work assignments.
4. Interns will be exposed, as much as possible, to the various operations of the division or work unit to which they are assigned.
5. Interns will not be placed in life threatening situations.
6. Under the supervision of GBI staff, interns will be permitted to operate GBI vehicles in a non-emergency status provided the intern has a valid driver's license and a good driving history.
7. Interns will not wear any clothing that would represent them as a sworn GBI agent or other GBI employee. Interns may wear issued clothing that clearly designates them as a GBI intern.
8. Investigative Division interns present during investigative acts will be documented in investigative summaries as outlined in the GBI Case Reporting Manual.

Summary Report

At the conclusion of the internship, the intern will provide a written evaluation of the field experience to the GBI supervisor, emphasizing the strong and weak points of the program any recommendations for change. Copies will be forward the Office of Human Resources for filing and dissemination to appropriate supervisory personnel.

Exceptions

Any exceptions to the above policy must be approved by the GBI Director, Assistant Director, or Director of Human Resources.

Internship Application

PERSONAL INFORMATION									
Last Name		First		M.I.	DOB:				
Street Address					Apartment/Unit #				
City				State			ZIP		
Home Phone:				Mobile Phone:					
SS#				Driver's License #			State of Issue		
Race				Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Have you ever possessed or used an illegal drug?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you been employed by a criminal justice or law enforcement agency			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes to the above question, please complete and submit the Prior Law Enforcement Questionnaire.						
Email:									
SCHOOL INFORMATION									
College/University				Address					
Major			Anticipated Graduation Date			Degree Type			
Name of College/University Internship Coordinator:									
Internship Coordinator Office Telephone Number:									
Any other College/University Attended:									
INTERNSHIP PREFERENCES									
<i>Please select your desired semester.</i>									
Spring <input type="checkbox"/>			Summer <input type="checkbox"/>			Fall <input type="checkbox"/>			
<i>Please select your top three (3) location preferences. (See Map)</i>				1.	2.	3.			
WORK EXPERIENCE									
Employer				Job Title					
Supervisor Name				Phone					
Dates of Employment									
Job Duties									
Employer				Job Title					

Supervisor Name		Phone	
Dates of Employment			
Job Duties			
Employer		Job Title	
Supervisor Name		Phone	
Dates of Employment			
Job Duties			
Employer		Job Title	
Supervisor Name		Phone	
Dates of Employment			
Job Duties			

<p>How did you learn of the GBI Internship Program?</p> <p> <input type="checkbox"/> GBI Website <input type="checkbox"/> College/ University Internship Coordinator <input type="checkbox"/> GBI Employee/ Former Employee <input type="checkbox"/> College Professor <input type="checkbox"/> Other _____ </p>	
<p>I certify that I have truthfully completed this application. I understand that falsifying any information on the application will result in being disqualified. I authorize the Georgia Bureau of Investigation to conduct an investigation of me to determine my suitability for participation in the internship program.</p>	
Signature	Date

Submission Deadlines:

Spring Semester September 15th
Summer Semester February 15th
Fall Semester May 15th

All applications must be received by the above dates in order to be considered for the semester of your choice.

Mail to:

Georgia Bureau of Investigation
Attn: Office of Human Resources
P.O. Box 370808
Decatur, Georgia 30037-0808

Truthfully, indicate below which of the following drugs you have *illegally* used in the past or are currently using illegally. List the number of times you used the drug(s) and the dates (Month and Year) of first and last use. Do **NOT** include instances in which the drug was legally administered by or prescribed for you by an authorized medical practitioner. *Failure to answer truthfully will result in being disqualified.*

If not applicable please write "N/A".

<i>Name of Drug</i>	<i>Check if you have used illegally</i>	<i>Number of times used</i>	<i>Date of first use</i>	<i>Date of last use</i>
A's				
Acid				
Amphetamines				
Angel Dust				
Barbiturates				
Beauties				
Bennie				
Benzedrine				
Biphetamine				
Black Beauties				
Blues				
Calif. Turnarounds				
Cloud				
Cocaine				
Codeine				
Coke				
Crack				
Crank				
Darvon				
Demerol				
Dexedrine				
Dilaudid				
Downers				
Ecstasy (XTC) MDMA				
GHB				
Glue				
Hash Oil				
Hashish				
Heroin				
Ice				
Librium				
LSD				
Ludes				
Marijuana				
MDA				
Meperidine				
Mescaline				
Methadone				
Methamphetamine				
Methaqualone				
Morphine				

Have you used, sold or purchased illegal drugs or marijuana:

In the past 24 hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past week	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past month	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past six months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past year	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
Since applying for this position	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____

Do you own any drug paraphernalia? Yes No

If yes, describe the paraphernalia: _____

Have you ever possessed marijuana or other illegal drugs? Yes No

Are you currently using marijuana or other illegal drugs? Yes No

If you answered "yes" to any of the above questions, answer the following:

How many times have you been in the possession of marijuana or other illegal drugs? _____

When was the last time (month/year) you were in possession of marijuana or other illegal drugs? _____

Describe circumstances of marijuana use or other illegal drug use: _____

What is the most marijuana or other illegal drugs you have purchased at one time? _____

How much did you pay for it? _____

What is the most marijuana or other illegal drugs that has been given to you? _____

What is the most marijuana or other illegal drugs you have ever given away? _____

What is the most marijuana or other illegal drugs you have ever sold? _____

Have you ever grown or participated in growing marijuana? Yes No

How
much? _____
When? _____
Where? _____
What did you do with the marijuana? _____

Have you ever manufactured or participated in manufacturing illegal drugs? Yes No
What type? _____
How much? _____
When? _____
Where? _____
What did you do with the drugs? _____

Please answer the following:

Have you ever intentionally transported or stored illegal drugs? Yes No

Have you ever “set up” a drug buy for yourself or anyone else? Yes No

Have you ever forged, illegally obtained, sold or stolen a drug prescription? Yes No

Have you ever passed or attempted to pass a forged drug prescription? Yes No

Have you ever been arrested or convicted for a drug violation? Yes No

Have you ever stolen drugs from anyone? Yes No

Have you ever sold any substance which you purported or claimed to be an illegal drug? Yes No

If you answered “yes” to any of the above questions, an explanation and date of occurrence is required: _____

When is the last time that someone used illegal drugs or marijuana in your presence?

Describe the circumstances: _____

HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES OR OFFENSES?

The question applies even though you may not have been detected or arrested..

	Yes	No
Murder		
Voluntary Manslaughter		
Involuntary Manslaughter		
Aggravated Assault		
Battery		
Kidnapping		
False Imprisonment		
Hijacking an Aircraft		
Child Abuse		
Driving on Revoked Driver's License		
Driving Under the Influence of Alcohol (DUI)		
Vehicular Homicide		
Rape		
Aggravated Sodomy		
Statutory Rape		
Child Molestation		
Bestiality		
Necrophilia		
Public Indecency		
Prostitution		
Pimping		
Bigamy		
Incest		
Cruelty to Animals		
Burglary		
Criminal Damage to Property		
Vandalism		
Setting Fires		
Arson		
Criminal Possession of Explosives		
Theft by Taking		
Theft by Deception		
Theft by Conversion		
Theft of Services		
Theft of Lost or Mislaid Property		
Theft by Receiving Stolen Property		
Hit and Run		
Shoplifting		
Theft of Motor Vehicle, Parts, Components		
Robbery		
Armed Robbery		
Forgery		

THEFTS

- Did you ever steal any money from an employer?
- Did you ever steal anything from an employer?
- Did you ever steal any property or money from a fellow employee?
- Did you ever deliberately “shortchange” a customer?
- Did you ever deliberately destroy any property of an employer?
- As an adult, did you ever steal anything from a store or business?
- Did you ever alter a price tag in a store?
- Did you ever forge a check?
- Did you ever intentionally write a bad check?
- Did you ever steal anything from a vehicle?
- Did you ever act as a lookout when anyone else was stealing?

<i>Yes</i>	<i>No</i>

If you answered “yes” to any of the above questions, an explanation is required:



Georgia Bureau of Investigation

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AWARENESS STATEMENT

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-02 (amended), and dissemination of such information are governed by state and federal law and by GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the rules of the GCIC Council.

O.C.G.A. 35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90 et seq.) provides for the protection of public and private sector computer systems, including communication links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. 35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Signed: _____ Date: _____

Witnessed by:

Print Name: _____ Signature: _____



Georgia Bureau of Investigation Internship Program

SCHOOL CERTIFICATION FORM

This form is to be completed by the college/university Registrar's office.

Date: _____

This to certify that _____, is a
(Student's Name)

_____ in classification and is currently attending the
(Junior/Senior/Graduate Student)

_____ as a full-time student.
(Name of Institution)

This student's **current GPA** is _____ on a 4.0 scale.

This student's **anticipated date of graduation** _____.

This student is required to complete _____ hours for their internship requirement.

Registrar's Signature or Dean of School

School Seal



Georgia Bureau of Investigation

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CERTIFICATION AND AUTHORIZATION

I have read and understand each question on this questionnaire. I certify that my responses on this questionnaire are true, complete and correct to the best of my knowledge and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime. I further understand that making a false or misleading statement, failing to answer a question(s) or an omission of material facts will result in my disqualification from the GBI Internship Program.

I authorize the Georgia Bureau of Investigation to conduct a review of all records concerning myself, whether such records are of a public, private or confidential nature, and to conduct a background investigation of me.

I understand that information provided by me on this questionnaire and information obtained during a background investigation of me may be subject to public disclosure pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.)

Signature: _____

Date: _____



Georgia Bureau of Investigation

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INTERN AGREEMENT GUIDELINES

While an intern at the Georgia Bureau of Investigation (GBI), I, _____, a student at _____, will adhere to the following guidelines:

1. I will not divulge or discuss with anyone other than appropriate GBI personnel any information to which I might be exposed to through my internship with the GBI. This includes any intelligence information, arrest or criminal history information, forensic laboratory results, operational information of the work unit to which I am assigned, or information concerning other GBI operations. *I understand that failure to follow the guidelines can lead to dismissal from the GBI internship program and criminal prosecution.*
2. I will follow the GBI policies and procedures related to the work unit to which I am assigned.
3. I understand that all notes, papers and memoranda concerning my internship must be reviewed by my GBI supervisor before any dissemination is made to my school or any instructor or person not an employee of the GBI.
4. If assigned to the GBI Investigative Division, I will always keep myself in a non-participant role when working with sworn personnel.
5. If I operate any state vehicle after receiving instructions to do so from GBI personnel, I will under no circumstances violate any traffic law and will operate the vehicle in a safe and defensive manner.
6. While performing an internship, I promise not to do anything in my personal life which would embarrass the GBI or cause a negative public perception of myself or the GBI.
7. I understand that during my internship I will be required to assist in administrative duties. I will insure that all administrative work I undertake will be completed in a proper and timely manner.
8. I understand that during my internship I am responsible to the GBI supervisor or his/her designee of the work unit to which I am assigned.
9. I understand that my internship can be terminated at any time without cause by a GBI supervisor.

Signature of Intern

Date



Georgia Bureau of Investigation

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WAIVER OF LIABILITY

I am a student at _____ working toward a degree in criminal justice or related field, and I desire to enter a program of practical work with the GBI. I understand the sole purpose of said program is to expose me to the daily operations of the GBI, thereby furthering my education in the criminal justice field.

As a condition of my participation in this program, I now execute this agreement and make the following acknowledgments:

I acknowledge that my participation in this program is completely voluntary and that I will not be entitled to remuneration or pay of any type for said participation. I further acknowledge that my participation in this program does not give rise to an employee-employer relationship entitling me to coverage under the Workmen's Compensation Act, Georgia Laws 1920, p. 167 (O.C.G.A. § 34-9-1 et seq.)

I acknowledge and agree that the State of Georgia, the GBI and the employees thereof cannot be held liable for any accident or injury suffered by the undersigned arising out of or during the course of this program.

I voluntarily assume the risk of all injuries that might occur as a result of the training to be provided by individual members of the GBI.

I agree to make no claim against the State of Georgia, the GBI or any employees thereof for any physical or mental impairment arising out of and during the course of my participation in this program.

I agree to treat all matters within the GBI as confidential and agree not to discuss the daily operations which I am allowed to observe with anyone outside the GBI other than my Criminal Justice advisor.

I agree to provide evidence of my age prior to beginning this intern program, and should that evidence indicate that I am below the age of 21 years, agree to obtain the consent of my parents to participate in the program under the conditions herein described.

Student Signature

Name (Type or Print)

Parent Signature if Student Under Age 21

Address

City / State / Zip Code



Georgia Bureau of Investigation

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation (GBI), whether such records are of a public, private, or confidential nature. I understand that the GBI may review all records concerning myself at any time while I am being considered for employment. Should I be offered employment with the GBI, I further understand that permission is granted to run additional background checks during my term of employment with the GBI without seeking additional consent from me.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me) and records of local, state and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for GBI employment or employment in a governmental position of trust. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Georgia Bureau of Investigation to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I understand that information obtained with this authorization may be subject to public disclosure pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.)

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

_____	_____	
Full Name Printed	Signature	
_____	_____	_____
Street Address	Sex	Race
_____	_____	
City/State	Date of Birth	
_____	_____	
Social Security Number	Date	