

Charleston County Coroner's Office Intern Application

Introduction to Medicolegal Death Investigation

4000 Salt Pointe Parkway, North Charleston, SC 29405

Telephone: 843-746-4033

Applicants are considered for the internship position without regard to race, color, religion, sex, national origin, age, veteran status, or disability.

PLEASE TYPE OR PRINT ALL ANSWERS IN INK

Personal Data

Name: _____
(Last) (First) (Middle)

Email: _____

Address: _____
(Street) (City/Town) (State) (ZIP Code)

Phone Number: _____

Education and Training

Type of School	School Name with City and State	Type of Diploma/Degree	Minor	Major	Graduation Year	GPA
High School/GED						
Colleges Attended						
Other (Military, Trade, Business, Graduate School, Etc.)						

If you are NOT an RN, please skip the outlined section directly below.

RN #: _____ State: _____

Has your RN license ever been revoked or any disciplinary action taken against your license? _____

If yes, please explain. _____

Do you have any prior forensic training or other qualifications, such as relevant completed courses that are applicable to the duties and operations of the Coroner's Office? If yes, please explain. _____

Internship For Class Requirements

Do you have a class that requires internship? _____

If yes, please list class. _____

How many hours are required for your internship? _____

What specific aspects of the Coroner's Office would you like to focus on or goals you would like to accomplish during your internship? _____

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Internship For Class Requirements (Continued)

Why do you think you are a good candidate for an internship at the Charleston County Coroner's Office?

Advisor Information

Advisor Name :	_____	(Last)	_____	(First)
School Name:	_____			
Phone Number:	_____	Ext.	_____	
Email Address:	_____			

Availability

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
AM							
PM							

If you were offered an internship, when would you be able to start? _____

I.E. Spring 2021, May 2021

Do you have a deadline to complete your internship by? _____

If yes, please list date. _____

Employment History

In the spaces provided below, give your employment history beginning with your present or most recent employer.	
NAME AND ADDRESS OF COMPANY	
POSITION AND DESCRIPTION OF DUTIES	
TELEPHONE NUMBER	
NAME AND ADDRESS OF COMPANY	
POSITION AND DESCRIPTION OF DUTIES	
TELEPHONE #	

Non-Personal References

First Reference
Name: _____
Phone Number: _____

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Second Reference

Name: _____
Phone Number: _____

Questionnaire

CRIMINAL, TRAFFIC, AND/OR CIVIL COURT RECORD: Have you ever been convicted of, pled guilty to or pled nolo contendere to, an offense other than for a minor traffic violation? _____

If yes, please give complete details. A conviction will not necessarily exclude you from internship consideration.

Signature and Certification

I hereby affirm that the information provided on this application (and accompanying resume and/or documentation, if any) is true and complete to the best of my knowledge. I also understand that falsified information or significant omissions may disqualify me from further consideration for the internship and may be considered justification for dismissal if discovered at a later date. I further understand that this application becomes the property of Charleston County Coroner's Office and will not be returned.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and/or documentation, if any) to provide any relevant information that may be required to arrive at an internship decision.

I understand that my internship may be terminated, with or without cause, at any time at the discretion of either the of either the Charleston County Coroner's Office or myself. I understand that no management official other than the Charleston County Coroner's Office has any authority to enter into any agreement contrary to the foregoing or make

Signature: _____ **Date:** _____