



MONROE COUNTY OFFICE OF THE DISTRICT ATTORNEY INTERNSHIP PROGRAM

I am in receipt of your **internship application**. *Thank you!* Could you please complete and return the following:

Name of Applicant	Date of Birth	Contact Phone Number
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Total Number of Hours Required for Completion of Internship:	hrs
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Availability/Schedule

Earliest Start Date	
Latest Ending Date	

Work Schedule *(must be between the hours of 9:00 a.m. and 5:00 p.m.)*

Day of the Week	Start Time	Ending Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

List dates you will not be available due to vacation plans, prior commitments, ect:

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Chief County Detective Eric J. Kerchner
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