

Honolulu Police Department Pathways Internship Program Application For Admission



Submit applications to hpdpathways@honolulu.gov

Applicant Information

Full Name: _____ Birth Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Alternate Phone: _____

Email Address: _____ Social Security No.: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Education Information

A. Are you currently enrolled full-time in a bachelor's program in an accredited college or university? YES NO

B. Have you completed a minimum of 85 semester credits or 127 quarter credits at the time of this application? YES NO

C. Are you currently in good academic standing with at least a 2.5 overall grade point average on a 4.0 scale? YES NO

D. Anticipated graduation month /year: _____ Major: _____

LIST COLLEGES ATTENDED

College: _____ **Address:** _____

From: _____ To: _____ Did you graduate? YES NO Number of Credits Earned: _____

Other College: _____ **Address:** _____

From: _____ To: _____ Did you graduate? YES NO Number of Credits Earned: _____

Other College: _____ **Address:** _____

From: _____ To: _____ Did you graduate? YES NO Number of Credits Earned: _____

Other College: _____ **Address:** _____

From: _____ To: _____ Did you graduate? YES NO Number of Credits Earned: _____

Academic Reference

Please provide the contact information for your academic reference (i.e., current/previous professor, instructor, or advisor). Your reference should be able to evaluate your team compatibility, critical thinking, communication skills, etc. Your reference will receive an email inviting them to complete a short evaluation on your behalf.

First Name: _____ Last Name: _____

College: _____ Position/Title: _____

Telephone: _____ Email: _____

Note: Please use your reference’s institutional email address. Submissions from anonymous email addresses (e.g., Gmail, Yahoo, etc.) will not be accepted.

Statement of Purpose

In the space provided, please answer the following question:

Why are you interested in the Honolulu Police Department’s Pathways Internship Program? (We are looking for “why” the Honolulu Police Department. In addition, discussing future goals is helpful here.)

Applicant Certification

I hereby certify that statements made on or in connection with this application are true and correct to the best of my knowledge and I agree and understand that any misstatements or omissions of material facts may cause forfeiture on my part of all rights to any employment in the service of the Honolulu Police Department.

Further, I understand that applications and all attachments become the property of the Honolulu Police Department and will not be returned.

By submitting this form electronically to the Honolulu Police Department, I attest the information I have given is true and correct to the best of my knowledge and I agree with the statements above.

Signature: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER