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Louisiana State Police Crime Lab

Internship Program Application Form

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Name:				
	First/MI/Last N	Jame		
Email:	D0	OB:		
Current Address:	Street Doyle Art #	City	Stata	Tin Codo
Telephone No.:		Alternate Telephone No.	D.:	
Place of Birth:	City/State/Country			
	City/State/Country			
Driver's License No.:		State:		
State ID Card No.: Onl	y required if applicant does not h Driver's License	State:ave a		
Name of College/University	y:			
Location of College/Univer	rsity:	City		
		City	Stat	e
Type of Degree:	A	inticipated Graduation Date:		
Major Course of Study:			_GPA:	_
		rime Laboratory has a prior ill r may not qualify to work at tl		
☐ I have never used any ☐ I have used illegal drug		sed, number of times, and date	of last use for each	ı drug.)

Name: Telephone No: First/MI/ Last Name Address:
Address:
First/MI/ Last Name

Do you require special accommodations for completion of the internship?	☐ Yes ☐ No If yes, explain:

Mail or email this application, including all other required documents such as an official college transcript and a resume, to the address below. Feel free to contact us if you have any questions.

Louisiana State Police Crime Laboratory 376 E. Airport Baton Rouge, Louisiana 70806 Telephone: (225)-925-6216

Email: Crimelab@la.gov