

**APPLICATION FOR EMPLOYMENT
LEGAL INTERN / EXTERN
DEPARTMENT OF LAW
State of Georgia
40 Capitol Square, SW, Suite 105
Atlanta, Georgia 30334-1300
www.law.ga.gov**

PLEASE PRINT OR TYPE		PERSONAL DATA			ATTACH ADDITIONAL SHEETS AS NECESSARY	
1. Last Name		First	Middle		2. Social Security Number <i>(optional – required if selected)</i>	
3. Apt. No.	4. Street Address	5. City	5(a). County		6. State	7. Zip Code
8. Telephone (Daytime)		9. Mailing Address if different from above.				
10. Email Address						
11. Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Are you an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. List all names you have used, including nicknames		
14. Date Available						

Information requested below for EEO monitoring purposes-----optional/required if selected						
15. Race (Check One)		16. Sex	17. Birth Date		18. Birthplace	
<input type="checkbox"/> American Indian	<input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female	Month	Day	Year	City County/Province State/Country
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black					
<input type="checkbox"/> Asian	<input type="checkbox"/> Other. Specify _____					

GOVERNMENT EMPLOYMENT	
19. Have you ever been dismissed from any government position? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No	20. If you have previously applied with the Department of Law using a different name please state that name.

21. Have you ever been employed by the State of Georgia or other government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES complete the following.			
Job Title	Name of Supervisor	Inclusive Dates	Employing Agency/Department

22. Do any of your relatives work for the State of Georgia or other government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES complete the following.			
Last Name	First	Middle	Relationship

EDUCATION

Please attach a copy of your college and law school transcripts.		Please state your LSAT score if available. 	
Name and location of Colleges or Universities attended	Field of Study/Areas of Concentration Major	Type of Degree Awarded	Degree Date or Anticipated
Undergraduate			
Graduate School			
Law School			

State your undergraduate and law school class standing honors and activities.

While in law school if you were *expelled, reprimanded, cited for an honor violation*, or otherwise disciplined **please attach a detailed explanation.** If you are not a practicing attorney, please attach two (2) writing samples of your work in law school.

MILITARY SERVICE (if applicable)

Active Armed Forces Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Other: specify _____ <input type="checkbox"/> Navy <input type="checkbox"/> Marines	Job Title	Inclusive Periods of Active Service		Reserve Status
		From (month/year)	To (month/year)	
Type of Discharge _____. If other than honorable attach a detailed explanation.				

REFERENCES

You may list as your references, a law school professor, a previous employer, an attorney, a judge, or another individual, *excluding* relatives, who have known you at least three (3) years.

Name	Address	City	State	Zip Code	Telephone No.

COURT RECORD - CHARGES PENDING

Have you ever been arrested, charged, and sentenced for the commission of any felony, or any crime involving moral turpitude, where: (a) first offender treatment without adjudication of guilt pursuant to the charge was granted; or (b) an adjudication of guilt or sentence was otherwise withheld or not entered on the charge, except with respect to a plea of nolo contendere? Yes No If Yes, attach a detailed explanation. Have you ever been convicted, entered a plea of nolo contendere, or any charges now pending against you by federal, state, or other law enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed or would likely be imposed. All other convictions and pleas of nolo contendere must be included even if they are pardoned.) Yes No. If Yes, provide the following:

CONVICTIONS - PLEAS OF NOLO CONTENDERE

Charge	Date	Name of Court and Place	Pardoned
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CHARGES PENDING

Violation Charged	Name of Government	Name of Court & Location Where Pending

CERTIFICATION

By my signature, I hereby certify that the above information, and the information contained on the attachments to this application for employment, are true and correct and are made under the penalties of false swearing. I authorize the Department of Law, its employees and agents to verify this information.

Signature of Applicant

Date

PREFERENCE SHEET FOR SUMMER INTERN PROGRAM

Six interns will be selected (one for each division of the Law Department) for our Summer Program. If selected, we would like to place you in the division in which you have the strongest interest. Each intern will work in that division for the duration of the program. Please review the "About the Office" section on our web site at www.law.ga.gov to learn more about the overall areas of law that each division handles.

Please rank the divisions below in the order of your preference (with 1 as your first choice). If you are selected for our Summer Program we will make every effort to honor your first choice.

- Regulated Industries and Professions
- Commercial Transactions and Litigation
- Criminal Justice
- General Litigation
- Government Services and Employment
- Special Prosecutions
- Georgia Medicaid Fraud Control Unit
- Consumer Protection Unit
- Solicitor General Unit

Signature

Date

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4. Apt. No.	5. Street Address	6. City		7. State	8. Zip Code

PLACES OF RESIDENCE						
<i>Please list the address of each place where you have lived during the past five (5) years</i>						
Inclusive Dates		Apt No.	Street Address	City	State	Zip Code
From	To					

WAIVER
<p>This waiver authorizes the full & complete disclosure of information to the Georgia Bureau of Investigation concerning my driver's history, criminal history, credit history, educational background, employment history, records of the GA Department of Revenue, records of the Department of Human Resources Child Support Enforcement, records of local, state and federal criminal justice agencies, and all other information which may be used in determining my suitability for employment in a governmental position of trust... This further releases all persons and companies of any liability in relinquishing the requested information to representatives of the Georgia Bureau of Investigation for the purpose of my being considered for employment or appointment to a position within State government. This release further authorizes the Georgia Bureau of Investigation to disseminate the above information to the State agency which is considering me for employment or appointment. I further 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.)</p>
<p>_____ Signature</p>
<p>_____ Date</p>