

**APPLICATION FOR EMPLOYMENT
LEGAL INTERN
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	
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. List all names you have used, including nicknames		13. Marital Status	
14. Spouse's Name:		Last	First	Middle	15. Spouse's Occupation
16. Date Available					

INFORMATION REQUESTED BELOW FOR EQUAL EMPLOYMENT MONITORING PURPOSES					
17. Race (Check One) <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other. Specify _____		18. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	19. Birth Date Month Day Year		20. Birthplace City County/Province State/Country
GOVERNMENT EMPLOYMENT					
21. Have you ever been dismissed from any government position? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No			22. If you have previously applied with the Department of Law using a different name please state that name.		
23. Have you ever been employed by the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES complete the following.					
Job Title	Name of Supervisor	Inclusive Dates	Employing State Agency		
24. Do any of your relatives work for the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES complete the following.					
Last Name	First	Middle	Relationship	Employing State Agency	

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	Field of Study/Areas of Concentration Minor	Type of Degree Awarded	Degree Date or Anticipated
Graduate School				
Law School				
State your undergraduate and law school class standing honors and activities.				
While in law school if you were <i>expelled, reprimanded, cited for an honor violation</i> , 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	Job Title	Inclusive Periods of Active Service		Reserve Status
<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Other: specify _____ <input type="checkbox"/> Navy <input type="checkbox"/> Marines		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, <i>excluding</i> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> 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.
<div style="text-align: right;"> _____ Signature of Applicant </div> <div style="text-align: right;"> _____ Date </div>

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

Signature

Date

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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, medical 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> <div style="text-align: right; margin-top: 100px;"> <div style="border-bottom: 1px solid black; width: 200px; margin: 0 auto;"></div> <div style="margin-top: 5px;">Signature</div> <div style="border-bottom: 1px solid black; width: 200px; margin: 10px auto;"></div> <div style="margin-top: 5px;">Date</div> </div>