

**APPLICATION FOR EMPLOYMENT
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) <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 _____		16. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Birth Date Month Day Year		18. Birthplace City County/Province State/Country	
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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.
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21. Have you ever been employed by the State of Georgia or other government entity? Yes 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? Yes No If YES complete the following.

Last Name	First	Middle	Relationship	Employing Agency/Department

EDUCATION

Please attach a copy of all college and law school transcripts. Please state your LSAT score if available/applicable.

Name and location of Colleges or Universities attended	Field of Study/Areas of Concentration		Type of Degree Awarded	Degree Date or Anticipated
	Major	Minor		
Undergraduate				
Graduate School				
Law School				

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

While in college/law school if you were *expelled, reprimanded, cited for an honor violation*, or otherwise disciplined **please attach a detailed explanation.** **ALSO, Please attach two (2) writing samples of your work in law school.** For NON-legal externs/interns, please provide three (3) writing samples.

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PLEASE PRINT OR TYPE		PERSONAL DATA		ATTACH ADDITIONAL SHEETS AS NECESSARY	
1. Last Name		First	Middle	2. Date of Birth	3. Social Security Number
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 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>
_____ Signature
_____ Date