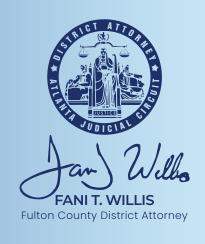
Fulton County District Attorney's Office Internship Application







Internship Program Application

Academic Status

Phone:e-mail Address:	Under	grad □ Gradua	nte Student 🗆	Law Student 🗆	1L 🗆 2L 🗆 3L
Personal Information Name: First Middle (Maiden Name) Last Address: Phone: Graduation Date: Are you eligible to work in the United States? Yes No Are you applying for this position through a school program? Yes No Mill you be receiving any monetary compensation or school credit for this position? Yes No f receiving compensation or school credit please explain:		This applic	ation for the fo	llowing term?	
Personal Information Name: First Middle (Maiden Name) Last Address: Phone:e-mail Address: Graduation Date: Are you eligible to work in the United States? Yes No Are you applying for this position through a school program? Yes No Will you be receiving any monetary compensation or school credit for this position? Yes No f receiving compensation or school credit please explain:	Summer	Fal	I	Spring	Year:
First Middle (Maiden Name) Last Address: Phone:e-mail Address: School:Graduation Date: Are you eligible to work in the United States? Yes	IF	NOT TYPING YOU	R RESPONSES, PL	EASE PRINT CLEA	RLY AND LEGIBLY.
First Middle (Maiden Name) Last Address:		Po	ersonal Informa	ation	
Phone:e-mail Address: School: Graduation Date: Are you eligible to work in the United States? Yes No Are you applying for this position through a school program? Yes No Will you be receiving any monetary compensation or school credit for this position? Yes No If receiving compensation or school credit please explain:		Middle	(Maiden Name)	Last
Are you eligible to work in the United States? Yes No Are you applying for this position through a school program? Yes No Will you be receiving any monetary compensation or school credit for this position? Yes No If receiving compensation or school credit please explain:	Address :				
Are you eligible to work in the United States? Yes No No No No Will you be receiving any monetary compensation or school credit for this position? Yes No freceiving compensation or school credit please explain:	Phone:	e-n	mail Address:		
Are you applying for this position through a school program? Yes No Nill you be receiving any monetary compensation or school credit for this position? Yes No freceiving compensation or school credit please explain:	School:		Grad	duation Date:	
Will you be receiving any monetary compensation or school credit for this position? Yes No freceiving compensation or school credit please explain:	Are you eligible to work i	n the United Stat	tes? Yes 🗆 No		
f receiving compensation or school credit please explain:	Are you applying for this	position through	a school progra	am? Yes □ No	
	Will you be receiving any	monetary comp	ensation or sch	ool credit for thi	s position? Yes □ No □
	f receiving compensation	n or school credit	please explain:		
_					
	_				
** Please attach any necessary paperwork to support your school credit, school funding or extern					

program.

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For Law Student Applicants Only

Do you have your 3^{rd} Year Practice Act Certification? Yes \square No \square	
Attach a copy of your 3 rd Year Practice Act Certification (if applicable).	
Are you eligible to apply for a 3 rd Year Practice Act Certification? Yes □	No □



Answer all questions completely and carefully. Attach additional sheets in order to give complete and detailed information, if necessary The Fulton County Office of The District Attorney is an equal opportunity employer. It is the policy of The Fulton County Office of The District Attorney that applicants for employment are recruited, selected, and hired on the basis of individual merit and ability, with respect to the position to be filled. Applicants are recruited, selected, and hired without discrimination of race, color, creed, religion, ancestry, national origin, age, sex (including gender identity, sexual orientation and pregnancy), genetic information, citizenship, military service, marital status, parental status and disability. Furthermore, personnel procedures and practices with regard to training, transfer, compensation, demotion, layoff or termination are to be administered with due regard to job performance, experience and qualification, but without discrimination.

Have you previously applied, interviewed or worked in any capacity within the office? If yes, please provide details and attach a separate sheet if necessary.	Yes □	No □
Explain why you are interested in employment with The Fulton County District Attorn	ey:	



Background

Background checks of all applicants will be conducted prior to any offer being extended.

Driver's License Information		
Do you possess a valid driver's l	icense? Yes □ No □	State:
Driver's License Number:		Expiration Date:
Do you have a vehicle? Yes	No □	
Have you ever had your driving Yes □ No □	privileges suspended, rev	oked or canceled in any state?
Please explain if you checked "y	es."	
Was your license reinstated? Ye	es 🗆 No 🗆	
If yes, when was it reinstated?		
	Traffic Information	1
List all traffic convictions	s for traffic violations for t	the past 5 years and provide details.
Approximate Date	Conviction	Action Taken



Criminal Information

The following information is <u>voluntary</u>. Background checks will be completed on all applicants invited to interview. Please note if you choose to complete the criminal information portion and answer yes to any questions below, you must provide comprehensive details and attach a separate sheet if necessary. Failure to provide details may result in removal from consideration. Misrepresentation or omission of facts represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

Have you ever been convicted of a crime or are you now under charges for any offense against the Law? You may omit: (1) any charges that were dismissed or resulted in acquittal; (2) any conviction that has been set aside, vacated, annulled, expunged, or sealed; (3) any offense that was finally adjudicated in a juvenile court or juvenile delinquency proceeding; and (4) any charges that resulted only in a conviction of a noncriminal offense. All felony and misdemeanor convictions and all convictions in state and federal courts are criminal convictions and must be disclosed, including domestic violence offenses.

Yes □ No □ If yes, please provide further details below that include the arrest date and location, all crimes charged, any associated case numbers, any plea agreement or trial information, any resulting

sentence and the disposition of the case.					
Date of Lands					
Date of Incident	Police Agency				
Crime/s Charged	Case number				
□ Trial □ Plea □ Dismissal					
	Disposition of the Case				
Date of Incident	Police Agency				



Crime/s Charged	Case number
□ Trial □ Plea □ Dismissal	Disposition of the Case



Education

Which school do	you att	end?						_	Currer	nt GPA:		
List the schools yo	ou have	attended	d and p	rovide	additiona	ıl requii	red infori	mation.				
	Na	me and A	Address	of scho	ool	Year	S	Da	tes		Graduat	ion
						Com	pleted	Att	ended		YES or N	0
High School												
Colleges or												
Universities												
Law/Graduate												
School												
List other formal a	and spe	cial train	ing cou	rses tha	at may be	e releva	nt to this	position	١.			
List any foreign la	nguage	s you spe	ak and	indicat	e your pr	oficien	cy by pla	cing an "	X" in the	approp	riate spac	ce.
Language		Reading			Speaking		Un	derstan	erstanding Writin		Writing	
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
Indicate special com	nputer sl	kills or pro	grams y	ou may	be profici	ent in.						



	References	
List the names of two adults not related to you refer will be asked to appraise your continuous con		d of at least 2 years. All persons to whom y, and other qualities.
1. Name:	Phone #:	
Relationship:		
2. Name:	Phone#:	
Relationship:		
□ Native Hawaiian or Other Paci □ Other:	nerican 🗆 American Indian oific Islander 🗆 Hispanic or L	
Day	Start	End
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday*		
Sunday*		



PLACEMENT

For informational purposes only, please rank your preference for assignments below. Use 1-5, with 1 being your first choice.

Division of Interest (Please list from I	l to 5 with 1 being the preferred placement)		
Cold & Capitol	Major Case	Gangs	White Collar
Civil	Crimes Against Children	Special Victims	Trial
Sex Crimes	Human Trafficking	Conviction Integrity	Animal Cruelty
Elder Abuse	Sexual Assault Kit	Juvenile Court	Complex
Case Intake	Victim Witness Adv	Programs	Investigative
Media	Graphics	Information Tech	Domestic Violence



Release Form

Please read the following carefully before signing it as it contains terms and conditions that affect your application and potential employment.

- VERIFICATION: I verify that all information I have provided both orally and in documentary form
 in connection with my application for a position with The Fulton County Office of The District
 Attorney is true and accurate. I understand that any false or misleading information I furnish in
 connection with my application for employment may cause my application to be rejected, any
 contingent offer of employment to be rescinded, or if already employed immediate termination,
 regardless of when discovered.
- 2. AUTHORIZATION and RELEASE: I authorize The Fulton County Office of The District Attorney to conduct a complete and thorough investigation of my qualifications for employment including a security check. I release any and all persons and parties connected with any investigation from any and all claims or damages arising from the furnishing of information. I further understand that my offer of employment and actual employment is contingent upon satisfactory results of such investigations. I further agree to provide my date of birth and social security number for the sole purpose of conducting background checks.
- 3. **EMPLOYMENT-AT-WILL**: I understand and agree that my employment is terminable at will. Both The Fulton County Office of The District Attorney and I remain free to end our work relationship at any time and for any reason. Further, I understand that nothing in any policies, manuals or similar documents creates an expressed or implied contract of employment.

PRINT NAME	SIGNATURE
DATE OF BIRTH	SOCIAL SECURITY NUMBER
DL NUMBER/ISSUING STATE	DATE



Completed Application Checklist

Application
Signed Release Form
Official or /Un-Official Transcript (Self-prepared transcripts will not be accepted)
Resume
1 Letter of Recommendation (If more than three are received, only the first three will be considered
Completed Application
3 rd Year Practice Certificate (This does not apply for undergraduate, graduate, 1L, or 2L students)

Please return your completed application via email to <u>Intern.FCDA@fultoncountyga.gov</u>

Please note incomplete applications will not be considered.