Dallas County District Attorney's Office
POST-BAR INTERN APPLICATION

(please print or type)

PERSONAL

NAME: *(First, Middle, Last)*		**MAIDEN NAME:**
CURRENT ADDRESS:		**CITY, STATE, ZIP CODE:**
HOME PHONE:	**CELL PHONE:**	**EMAIL ADDRESS:**
PHOTO: (*Insert here or attach*)	**DATE OF BIRTH:** / **GENDER:** **DRIVER'S LICENSE #: (STATE)** **SOCIAL SECURITY NUMBER:** **RELATIONSHIP STATUS:** choose one:	**RACE/ETHNICITY:** (*select all the apply*) ☐ White/Caucasian ☐ Black/African American ☐ Hispanic/Latin American ☐ Asian ☐ Native American/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Middle Eastern/North African ☐ Other

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?

☐ YES ☐ NO

If no, please describe your status below.

Status:

PREFERRED SESSION(S):

choose one:

When do you plan to take the MPRE?

Do you plan to take the Texas Bar? choose one:

When?

EDUCATION

Dates Attended or Attending Current - Oldest	Academic Level Sophomore, Junior, Senior, 1L, 2L, 3L	Name of School	Type of Degree	Subject of Degree

Dallas County District Attorney's Office
POST-BAR INTERN APPLICATION

(please print or type)

INTERNSHIP OR EMPLOYMENT HISTORY: (list in order last three places of employment)

Employer	Address	Dates of Employment	Job Title

POLICE CONTACT

List all incidents in which you were cited, arrested, accused, or charged with a crime other than a traffic violation. Include incidents that occurred and were set aside due to successful completion of deferred, resulted in pre-trial diversion or pardoned. (*Provide full explanation on continuation sheet.*)

Date	Location	Cause Number	Offense Charged	Disposition

Please answer the following questions. Use the space provided to explain any "YES" answers.

IS ANY <u>MEMBER</u> OF YOUR FAMILY OR YOUR DOMESTIC PARTNER:

Under prosecution by any government agency? ☐ Yes ☐ No

Details if Yes: _____

_____

In jail, prison, on probation or on parole? ☐ Yes ☐ No

Details if Yes: _____

_____

An attorney, private investigator, or law enforcement of any kind? ☐ Yes ☐ No

Details if Yes: _____

_____

Employed by Dallas County? ☐ Yes ☐ No

If Yes, please provide the name of any current employee(s): _____

Dallas County District Attorney's Office
POST-BAR INTERN APPLICATION

(please print or type)

Please indicate what language(s) you can speak/read/write and proficiency level for each.

Language	Speak	Read	Write	Proficiency level:
☐ English	☐	☐	☐	
☐ Spanish	☐	☐	☐	
☐ Other(s): _____	☐	☐	☐	
☐ Other(s): _____	☐	☐	☐	

EMERGENCY CONTACT INFORMATION

Name: _____

Relation: _____

Cell Phone Number: _____

Email: _____

CERTIFICATION

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Dallas County District Attorney's Office to verify criminal history and driving records as part of the background process. If accepted to perform volunteer duties for the Dallas County District Attorney's Office, I understand that I may be proxy to confidential information and promise to respect and maintain all that confidentiality whenever presented with it.

_____ Signature of Applicant

_____ Date

Consent For Criminal Background Check/Authorization/Waiver/Indemnity

The District Attorney's Office must perform criminal background checks on our Interns because of the matters of the population we serve. Please read and sign this consent form authorizing the District Attorney's Office to perform a criminal background check.

I hereby give my permission for the Dallas County District Attorney's Office to obtain information relating to my criminal history record. The criminal history record, as received from reporting agencies may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile in both this state and any other state or country. I understand that this information will be used, in part, to determine my eligibility for being an intern with this organization. I also understand that as long as I remain an intern here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by the District Attorney's Office and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do for myself, my heirs, executors and administrators hereby remise, release and forever discharge and agree to indemnify the **Internship Program** and each of their officers, directors, personnel, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands, whatsoever (including claims for the negligence, gross negligence, and/or strict liability of the **Internship Program** and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an intern.

Print Name (Last, First, Middle/Maiden):	
Date of Birth:	Place of Birth:
Social Security #:	List any other names or SSN# used:

Applicant Signature

Date

Application

CHECK LIST

- [ ] COVER LETTER
- [ ] RESUME
- [ ] UNOFFICIAL TRANSCRIPT
- [ ] INTERNSHIP APPLICATION
- [ ] CURRENT PHOTO
- [ ] WRITTING SAMPLE