

**APPLICANTS  
ARE SUBJECT TO  
PRE-EMPLOYMENT  
DRUG SCREENING**

**APPLICATION FOR EMPLOYMENT  
ATTORNEY  
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	5a. County	6. State	7. Zip Code
8. Telephone (Daytime)		9. Mailing Address if different from above.		9a. Email Address	
10. Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. List all names you have used, including nicknames		12. Marital Status	
13. Spouse's Name:		Last	First	Middle	14. Spouse's Occupation
15. Are you a member of any bar? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Date of Admission to Georgia Bar		17. Georgia Bar Number	
18. List Other States Where Admitted to the Bar and the Date of Admission				19. Work Availability Date	

INFORMATION REQUESTED BELOW FOR EQUAL EMPLOYMENT MONITORING PURPOSES					
20. 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 _____		21. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	22. Birth Date Month Day Year		23. Birthplace City County/Province State/Country
GOVERNMENT EMPLOYMENT					
24. Have you ever been dismissed from any government position? If yes, attach a detailed explanation.  <input type="checkbox"/> Yes <input type="checkbox"/> No			25. If you have previously applied with the Department of Law using a different name please state that name.		
26. Have you ever been employed by the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES complete the following.					
<b>Job Title</b>	<b>Name of Supervisor</b>	<b>Inclusive Dates</b>	<b>Employing State Agency</b>		
27. Do any of your relatives work for the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES complete the following.					
<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Relationship</b>	<b>Employing State Agency</b>	

EDUCATION				
Please attach a copy of your college and law school transcripts.			Please state your LSAT score if available. <span style="border: 1px solid black; padding: 2px 10px;"> </span>	
<b>Name and location of Colleges or Universities attended</b>	<b>Field of Study/Areas of Concentration</b>	<b>Type of Degree Awarded</b>	<b>Degree Date or Anticipated</b>	
	Major	Minor		
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 <b>please attach a detailed explanation.</b> If you are not a practicing attorney, please attach two (2) writing samples of your work in law school.				

## LEGAL BACKGROUND - PRACTICING ATTORNEYS

1. Please describe the general character of your current practice and any legal specialties you possess.

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2. Have you had primary responsibility for the handling of cases and other matters, contacting clients, and appearing in court during the course of your legal career? If so, please provide details.

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3. Please summarize your experience in court during the course of your practice. Include what percentage of your appearances have been in federal or state court, have involved civil or criminal matters, and have been jury or non-jury trials. Also indicate whether you have been sole, associate, or chief counsel in these cases.

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4. Please summarize your experience in adversary proceedings before administrative boards or commissions during the course of your practice.

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5. Please describe your practice in areas other than litigation.

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6. Have you had any legal articles or books published? If so, please list them, giving the citations and dates.

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7. Have you ever been disciplined, cited, or otherwise sanctioned for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association, disciplinary commission, or other professional group? If so, please give the particulars.

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8. List all bar associations and professional societies of which you are a member, and any offices which you have held in such groups.

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9. Please provide two (2) writing samples evidencing work which you have personally performed while in practice.

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					
If you graduated from law school <u>more than a year ago</u> and <u>have been</u> in practice, list three (3) attorneys not associated with you, or judges, who can give a professional reference as to your legal abilities.			If you have <u>not yet graduated</u> from law school, graduated less than a year ago, or graduated more than a year ago but <u>have not been</u> in practice, 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>
EMPLOYMENT HISTORY

[illegible]

						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours Per Week	Starting Salary	Ending Salary	Name of Supervisor			Reason for Leaving	
Description of Duties							

Employer				Address			
Job Title		From (Month & Year)		To (Month & Year)		May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours Per Week	Starting Salary	Ending Salary	Name of Supervisor			Reason for Leaving	
Description of Duties							

Employer				Address			
Job Title		From (Month & Year)		To (Month & Year)		May we contact employer as a reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours Per Week	Starting Salary	Ending Salary	Name of Supervisor			Reason for Leaving	
Description of Duties							

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<b>4. Apt. No.</b>	<b>5. Street Address</b>	<b>6. City</b>		<b>7. State</b>	<b>8. Zip Code</b>

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

<b>WAIVER</b>	
<p>This waiver authorizes the full &amp; 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="margin-bottom: 10px;">_____ Signature</div> <div>_____ Date</div>	