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 PRIM	NT OR TYPE		PE	RSONA	L DA	TA		ATTA	CH ADDITION	NAL SHEE	TS AS NECESSARY
1. Last Nam	е	First			Mide	dle			2. Social s		lumber (optional –
3. Apt. No.	4. Street Address		5. City			5(a). Co	ounty		6. State		7. Zip Code
8. Telephone	e (Daytime)	9. Mailing A	ddress if differe	nt from abo	ove.						
10. Email Ad	ddress										
	a citizen of the U.S.? Yes	12. Are you as United States?	n alien authorize	ed to work	in the	13. List	all name	s you l	nave used, i	including I	nicknames
14. Date Av	vailable										
	Information red	guested belo	w for EEO r	monitori	na pu	rposes	opt	ional	/reauirea	l if sele	cted
15. Race (0		10.00000	16. 8			th Date	- Opi		Birthplace		
	Indian 🖵 White				Month	Day	Year	City	Count	y/Provinc	e State/Country
☐ Hispanic☐ Asian	☐ Black☐ Other. Spec	: . ,		Male							
Asian	Uther. Spec	шу	GOVERN	Female		0)/145	NIT				
If yes, at	ou ever been dismissed tach a detailed explana l Yes		·				that name		·		v using a different
21. Have yo	u ever been employed	by the State of G	Seorgia or other	governme	nt entity	? 🗖	Yes 🗆	l No	If YES co	mplete th	e following.
	Job Title	Name	of Supervisor	•	Inclusive Dates Employing Agency/Departn				ncy/Department		
22. Do any o	of your relatives work fo	r the State of Ge	eorgia or other g	overnment	t entity?		Yes 🗆	No If	YES compl	ete the fo	lowing.
Last Name		First	Middle	е		Relation	ship		Employ	/ing Ager	ncy/Department
					TION						
				EDUCA	IION						
Please atta	ach a copy of all colle	ge and law scl	hool transcript	s. P	lease s	tate your	LSAT sc	ore if a	vailable/app	licable.	
Name and le Colleges or	ocation of Universities attended		ield of Study/A Major		oncentr Minor			e of De		D	egree Date or Anticipated
Undergradua	ate										
Graduate So	chool										
Law School											
State your u	ndergraduate and law s	school class star	nding honors and	d activities.	-						
	ege/law school if you w										
samples.											

08/14 1 doc 305487

	MILITARY SI	<u> </u>	•		<u> </u>	
Active Armed Forces Service		Title		eriods of Active Service year) To (month/year)		Reserve Status
☐ Army ☐ Air Force ☐ Other: specify	· · · · · ·	-	From (month/year)	10 (1	nonth/year)	
□ Navy □ Marines						
Type of Discharge		If other than	honorable attach a deta	ailed exp	lanation.	
	RE	FERENCES				
You may list as your references, a law so relatives, who have known you at least three	chool professor, a p	revious emplo	yer, an attorney, a j	udge, o	r another indi	ividual, excluding
Name Address	oo (o) yeare.	Cit	y	State	Zip Code	Telephone No.
Have you ever been arrested, charged, and ser	COURT RECOR					
entered on the charge, except with respect to a convicted, entered a plea of nolo contendere, or violation of any federal law, state law, county or birthday. Do not include minor traffic violations pleas of nolo contendere must be included ever	r any charges now per municipal law, regula for which a fine of \$35	nding against you tion, or ordinance 5.00 or less was i	u by federal, state, or o e? (Do not include any mposed or would likely	ther law thing tha be impo	enforcement au it happened bef	uthorities, for any fore your sixteenth
COI	NVICTIONS - PLE	EAS OF NOL	O CONTENDERE			
Charge	Date	Name o	f Court and Place			Pardoned
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
	CHAR	RGES PENDI	NG			
Violation Charged	Name of Govern			e of Cou	urt & Location	Where Pending
Totalion Chargos	Traine or Govern		114			
	CEI	RTIFICATION	l			
By my signature, I hereby certify that the a employment, are true and correct and are employees and agents to verify this inform	made under the per					
		Sign	ature of Applicant			Date

08/14 2 doc 305487

DEPARTMENT OF LAW INTERN/EXTERN

State of Georgia 40 Capitol Square, SW, Suite 105 Atlanta, Georgia 30334-1300

PLEASE PRINT	OR TYPE	PERSON	ATTACH ADDITIONAL SHEETS AS NECESSARY				
1. Last Name First		Middle	2. Date of Birth 3. Social Security			Security Number	
4. Apt. No.	5. Street Address		6. City		7. St	ate	8. Zip Code

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

WAIVER

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.)

Signature			
Date			