



APPLICATION FOR INTERNSHIP OR STUDENT VOLUNTEER

Office of the Attorney General
PL-01, The Capitol,
Tallahassee, Florida 32399-1050
Phone 850-245-0140
Fax: 850-922-2872

GENERAL INFORMATION

Name:

Address:

City:

State:

Zip:

Phone:

E-mail:

Please Indicate the academic Term for which you are applying: Fall Spring Summer

In which **office(s)** would you prefer to intern?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Bradenton (B) | <input type="checkbox"/> Daytona Beach (D) | <input type="checkbox"/> Ft. Lauderdale (L) | <input type="checkbox"/> Ft. Myers (My) |
| <input type="checkbox"/> Jacksonville (J) | <input type="checkbox"/> Miami (M) | <input type="checkbox"/> Orlando (O) | <input type="checkbox"/> Pensacola (P) |
| <input type="checkbox"/> St. Petersburg (S) | <input type="checkbox"/> Tallahassee (T) | <input type="checkbox"/> Tampa (Ta) | <input type="checkbox"/> West Palm Beach (W) |

In which **division(s)** would you prefer to intern? (*Letters in parentheses indicate office location of division*)

- | | |
|---|--|
| <input type="checkbox"/> Administrative Law (T) | <input type="checkbox"/> Executive Staff (T) |
| <input type="checkbox"/> Antitrust (T) | <input type="checkbox"/> General Civil (L,J,Ta,W) |
| <input type="checkbox"/> Child Support (T,L,S) | <input type="checkbox"/> General Civil – Corrections (T) |
| <input type="checkbox"/> Children's Legal Services (B,L,Ta) | <input type="checkbox"/> General Civil – Employment (T) |
| <input type="checkbox"/> Citizen Services (T) | <input type="checkbox"/> General Civil – State Programs (T) |
| <input type="checkbox"/> Civil Appeals (L,T) | <input type="checkbox"/> Information Technology (T,L,M,O,S,Ta,W) |
| <input type="checkbox"/> Civil Rights (T,L) | <input type="checkbox"/> Inspector General (T) |
| <input type="checkbox"/> Communications (T) | <input type="checkbox"/> Medicaid Fraud (J,L,M,O,P,S,T,Ta,W) |
| <input type="checkbox"/> Complex Litigation (T) | <input type="checkbox"/> Solicitor General (T) |
| <input type="checkbox"/> Criminal Appeals (D,M,T,Ta,W) | <input type="checkbox"/> Statewide Prosecution (J,L,M,My,O,T,Ta,W) |
| <input type="checkbox"/> Economic Crimes (J,L,O,T,Ta,W) | <input type="checkbox"/> Victims Svcs./Crim. Justice (D,J,M,My,O,P,T,Ta,W) |

Will you be eligible to receive academic credit for your internship at the OAG? Yes No

If "Yes", please provide the contact information of your academic advisor as requested below:

Academic Advisor Name:

Phone:

E-Mail:

Number of hours per week you are available:

Please list in the field below any skills you possess that may be helpful to you as an intern:

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What are your career objectives?		
ACADEMIC BACKGROUND (list colleges/universities from which you are pursuing, or have received a degree)		
Current College/University or Law School:		
City:	State:	GPA:
Major/Area of Study (if applicable):		Rank:
Type of degree pursued:		Date degree expected:
Academic Level: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Law Student <input type="checkbox"/>		
<i>If applicable, other colleges or universities from which you have received a degree:</i>		
College/University:		
City:	State:	GPA:
Major/Area of Study (if applicable):		Rank:
Type of degree earned:		Date degree received:
College/University:		
City:	State:	GPA:
Major/Area of Study (if applicable):		Rank:
Type of degree earned:		Date degree received:
Are official transcripts available on line? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, must be provided with application)</i>		

VOLUNTEER STATEMENT

By means of acknowledgment and signing of this form, I hereby understand and acknowledge that, serving as an intern or student volunteer, I will **not** be compensated by or be eligible for any benefits, with the exception of Worker's Compensation benefits, with the State of Florida or the Office of the Attorney General for any work performed by me on a voluntary unpaid basis as an intern or student volunteer for the Office of the Attorney General, Department of Legal Affairs.

By marking this box I acknowledge that I have read and understand this statement.

SECURITY SCREENING AUTHORIZATION

By means of acknowledgment and signing of this form, I hereby authorize the Office of the Attorney General to conduct a preliminary background screening for work purposes, which shall include a criminal background check on the FCIC/NCIC database.

I understand that this information will be reviewed to determine my fitness and ability to work in the Office of the Attorney General and hereby waive the confidential nature of any of this information, for this purpose. I understand that the Office of the Attorney General is entitled to conduct this security check pursuant to Sec. 110.1127 and Chap. 435, Fla. Stat.

By marking this box I acknowledge that I have read and understand this statement.

Last 4 digits of Social Security #	Date of Birth	Any Aliases
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BACKGROUND INFORMATION

Are you a U.S. citizen, or legally authorized to work in the U.S.? Yes No

The Office of the Attorney General is a criminal justice agency within the definition of §943.045, Fla. Stat. Workers must report adult criminal history information regardless of whether such records has been sealed or expunged.

Have you ever been arrested for a crime or charged with committing a crime that is a felony or a misdemeanor? Yes No

Have you ever had criminal charges against you dropped or dismissed, or have you ever participated in a pretrial intervention program? Yes No

If "Yes", to what charge(s)?

Where arrested/charged?

Date of arrest/charge:

Plea:

Final Disposition:

Was this the only time you have been arrested? Yes No

If no, attach additional sheets to provide the requested information.

Have you ever been convicted of a crime which is a felony or a misdemeanor? Yes No

If "Yes", to what charge(s)?

Plea:

What was the sentence?

Where Convicted?

Date of Conviction?

Was this the only time you have been convicted? Yes No

If no, attach additional sheets to provide the requested information.

Have you ever pled Nolo Contendere or guilty or had adjudication of guilt withheld for a crime which is a felony or misdemeanor? Yes No

If "Yes", to what charges?

What was the Sentence?

Where Convicted?

Date of Conviction?

Was this the only time you pled Nolo Contendere, guilty or had adjudication of guilt withheld? Yes No

If no, attach additional sheets to provide the requested information.

NOTE: A "Yes" answer to these questions will not necessarily bar you from an internship opportunity. The nature, severity, and date of the offense/arrest in relation to the position to which you are appointed will be considered.

Certification

I am aware that any omissions, falsifications, misstatements or misrepresentation above may disqualify me for consideration in the program and, if I am accepted, may be grounds for release from the program at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the Florida state government for purposes related to internship or volunteer opportunities within the Office of the Attorney General. This consent shall continue to be effective during my internship or period as a student volunteer if I am accepted. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, and made in good faith.

I ACKNOWLEDGE ALL THE ABOVE TERMS

Name: (Please print first, middle and last name): _____

Required documentation: Application
 Resume
 Official Transcript (if not on-line)
 Letter(s) of Recommendation (optional for graduates)