KNOX COUNTY DISTRICT ATTORNEY GENERAL'S OFFICE

Application for Employment
Internship Program

INSTRUCTIONS

- Type or print in ink this application in its entirety
- Specify the position for which you are applying
- Sign your name in the Certification Section
- All information submitted is subject to verification
- Notify us if you require special accommodation for this process

Application Date	
Position Sought	☐ Internship Program – Volunteer ☐ Internship Program – Academic Credit
Hours Sought	☐ Full Time ☐ Part Time

PERSONAL INFORMATION

Full Name	
Street Address	
City, State, Zip	
Phone Number	
Email	
Date of Birth	

U.S. Citizen	☐ Yes ☐ No
Tennessee Resident	☐ Yes ☐ No
Veteran or Active Duty	☐ Yes ☐ No
Previous State Employee	☐ Yes ☐ No
Previous County Employee	☐ Yes ☐ No
Eligible to work in U.S.	☐ Yes ☐ No
Current Student	☐ Yes ☐ No

EDUCATION

Schools Attended	Name and Location of School	Degree	Major/Minor
High School			
College or University			
College or University			
College or University			

WORK EXPERIENCE

Current or most recent legal position or employer (if no legal experience)

Employer Name		Supervisor's Name	
Employer Location		Supervisor's Phone Number	
Job Title		Start Date (Month/Year)	
Reason for Leaving		End Date (Month/Year)	
Description of Duties		Hours per Week	

Previous legal position or employer (if no legal experience)

Employer Name		Supervisor's Name	
Employer Location		Supervisor's Phone Number	
Job Title		Start Date (Month/Year)	
Reason for Leaving		End Date (Month/Year)	
Description of Duties		Hours per Week	

Have you ever been charged with a crime other than a minor traffic violation? ☐ No ☐ Yes (list details below)

Charge	City, State	Year	Disposition/Notes

Name		Application Date	

Special Qualifications

List active professional and technical licenses, certifications, and academic or professional awards

License, Certification, or Award	Field, Specialization, or Nature of Award	School or Organization

Criminal Law Classes

List criminal law classes taken in law school

Class	Year	Remarks on Class

Social Media

List all social media accounts used by, managed by, or associated with you.

Platform Name	Handle/Username	Platform Name	Handle/Username	Platform Name	Handle/Username
Facebook		TikTok			
YouTube		Snapchat			
Instagram		X/Twitter			

References

Name	Relationship	Phone	Email

Certification

I hereby certify that all information provided by me on this application is accurate and complete to the best of my knowledge. I understand that any false or incomplete information furnished by me, or failure to disclose requested information, may result in the rejection of this application, my removal from consideration for employment, or my dismissal after my employment. I authorize the Knox County District Attorney General's Office to investigate any information contained in this employment application and hereby release Knox County District Attorney General's Office from all liability resulting from such investigation and employment decisions based thereon. I further release former employers and reference contacts from all liability on account of furnishing such information. I understand that, if considered for this position, this office will conduct a check of my criminal history, driving history, and social media activity. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Knox County District Attorney General's Office and me.

Signature _____ Date _____