



# KNOX COUNTY DISTRICT ATTORNEY GENERAL INTERNSHIP PROGRAM APPLICATION



<b>Full Name:</b>	<b>Law School &amp; Grad Date:</b>
<b>Application Term (Spring/Summer/Fall):</b>	<b>Seeking Academic Credit or Volunteer:</b>

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email

**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 you submit is subject to verification  
 Notify if requiring special accommodations for this process

Eligible to Work in USA:     Y: \_\_\_ N: \_\_\_

Require H-1B                    Y: \_\_\_ N: \_\_\_

Tennessee Resident:         Y: \_\_\_ N: \_\_\_

Veteran or Active Service:    Y: \_\_\_ N: \_\_\_

Current Student:               Y: \_\_\_ N: \_\_\_

Previous State Employee:      Y: \_\_\_ N: \_\_\_

Previous County Employee:    Y: \_\_\_ N: \_\_\_

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

**Special Qualifications**  
 List active professional and technical licenses and certifications academic and professional awards

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

**Criminal Law Classes**  
 List active or previous Criminal Law classes taken in Law School

Class & Year	Remarks on This Class



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**Current or Most Recent *Legal* Position**

Business Name		Supervisor's Name	
Business Location		Supervisor's Phone Number	
Full Time or Part Time		Date Started (Month/Year)	
Regular, Contract, or Temp.		Date Ended (Month/Year)	
Your Job/Working Title		Paid/Unpaid	Hours/Week
May We Contact Employer?			
Description of Job Duties ( <b>Below</b> )		Reason for Leaving	

**Former *Legal* Position**

Business Name		Supervisor's Name	
Business Location		Supervisor's Phone Number	
Full Time or Part Time		Date Started (Month/Year)	
Regular, Contract, or Temp.		Date Ended (Month/Year)	
Your Job/Working Title		Paid/Unpaid	Hours/Week
May We Contact Employer?			
Description of Job Duties ( <b>Below</b> )		Reason for Leaving	

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, may make me no longer eligible for consideration for employment or may result in my dismissal after my employment. I authorize this office to investigate any statement contained in this employment application and release former employers and reference contacts from any and all liability on account of furnishing such information to this office. I further understand that, if considered for this position, this office will conduct criminal and/or driving record checks. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this office and myself. I hereby release the Knox County District Attorney General Office from any/all liability of whatever kind and nature which, at any time, could result in obtaining and having an employment decision based on such information. I volunteer for drug testing as a part of the application process. Failure to submit to a drug test will disqualify me. I understand that the Office may investigate my criminal and/or driving history, and may use such information against me as called upon by ethical obligations.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



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I authorize the Knox County District Attorney General’s Office to conduct a background check on behalf of my application for employment. I understand that consumer reports or investigative consumer reports may be requested about me including information about my character, general reputation, personal characteristics, and mode of living which may include internet searches for determination of my eligibility to occupy a position of trust, as well as personal reference interviews, employment records, education qualifications, criminal records, driving records, credentials, and/or credit and indebtedness.

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Print / Sign / Date

**References:**

Name \_\_\_\_\_ / Relationship \_\_\_\_\_ / Email \_\_\_\_\_

Name \_\_\_\_\_ / Relationship \_\_\_\_\_ / Email \_\_\_\_\_

Name \_\_\_\_\_ / Relationship \_\_\_\_\_ / Email \_\_\_\_\_