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Hays County District Attorney
Internship/Volunteer Application Form

This form is to be completed prior to beginning an internship and/or participation in special training or volunteer programs. Any applicant who **furnishes false information** will be **subject to immediate termination** of the **internship/volunteer program.** Please type **N/A** (not applicable) if a question does not apply to you.

It is the policy of the Hays County District Attorney to require a **criminal record check prior to accepting and intern/volunteer. Submission of this application gives the Hays County District Attorney your expressed consent to prepare a background check.** The following information is required to assist in such an investigation and serve as a record for your internship/volunteer service. It is understood by both parties that the information contained in this application is confidential and to be used only for the purpose of placement in the internship/volunteer program.

Date: _____
(month) (day) (year)

Name: _____
(last) (first) (middle) (maiden name)

Telephone Number: _____

Emergency Contact name and telephone number: _____

Permanent Address: _____
_____
_____

Present Address: _____
_____
_____
_____

Date of Birth: _____
(month) (day) (complete year: 19___)

Place of Birth: _____
(city) (county) (state) (country)

Drivers License Number:_____ State: _____

Social Security Number: _____

Name of Spouse: _____
(last) (first) (middle) (maiden name)

Parent's Name: _____
(last) (first) (middle)

Address: _____

Do you have any physical conditions which may limit participation in the internship/volunteer program: Yes ( ) No ( )

If yes, describe _____

Have you been in the military: Yes ( ) No ( )

If yes, what branch? _____

Type of Discharge: _____ Year _____

Work experience and employment. Start with present or last employer first. (You may attach a resume as an alternative.)

Position	Years of Employment	Employer's Address/Telephone Number

Describe any experience related to the legal profession you may have had:

_____

_____

_____

Honors/Awards: _____

_____

Extracurricular activities, hobbies, special skills or organizations: _____

_____

_____

Have you ever been arrested or involved in any police action? Yes ☐ No ☐

If yes, please attach a separate page describing the indecent and result.

What are your career plans? _____

I understand there is no obligation on the part of the Hays County District Attorney to accept my application for internship/volunteer program, nor to maintain the applicant if deemed unsuitable for the tasks required. I further understand that I may be temporarily suspended or permanently terminated for my service as an intern/volunteer at any time it is established that the continuance of the internship is neither in my best interest or the Hays County District Attorney. I am fully aware of and understand that it is the policy of the Hays County District Attorney that no Intern/Volunteer shall discuss or communicate in any form matters they may come in contact with through the course of performing their duties. I further understand that the Hays County District Attorney's files and work product is to be at all times kept confidential. Should I breach this policy, I understand that my conduct will result in immediate termination and may result in criminal charges against me. I hereby affirm and declare that all the information provided in the foregoing application is true and correct within the best of my knowledge.

_____
Applicant's Signature

_____
Date

Name of Spouse: _____
(last) (first) (middle) (maiden name)

Parent's Name: _____
(last) (first) (middle)

Address: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of all records concerning myself to any authorized agent of the Hays County Sheriff's Office, Constable's Office, or District Attorney's Office whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospital, clinics, private practitioners and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections and records of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Hays County. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability, which may be incurred by the furnishing of such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____
Signature (include Maiden Name)

_____
Address

_____
City, State, Zip Code

_____
Phone Number Date of Birth

_____
Social Security Number

_____
Driver's License Number and State

Subscribed and Sworn Before Me, By The Said _____ this _____ day of _____, 20___. To Certify which witness My Hand and Seal of Office as a Notary Public in and for the State of Texas.

_____

Signature My Commission Expires

Seal

HAYS COUNTY EMPLOYEE INFORMATION FORM

REQUIRED BY HUMAN RESOURCES FOR ALL EMPLOYEES AND INTERNS

LAST NAME _____

FIRST NAME _____

MIDDLE _____

ADDRESS _____

_____

SEX _____

RACE _____

MARITAL STATUS _____

SS NUMBER _____

DRIVERS LICENSE NUMBER, TYPE _____

DOB _____

HOME PHONE _____

EMERGENCY CONTACT NAME AND PHONE _____

_____

RELATIONSHIP _____

PHONE _____