SAN FRANCISCO DISTRICT ATTORNEY
AUTHORIZATION FOR BACKGROUND INVESTIGATION

Name: ________________________________

Last          First                    Middle                   Maiden

Applying For: (check one) □ Spring  □ Summer  □ Fall

□ Legal Internship (1L, 2L, 3L)
□ Law Clerkship (2L'S ONLY) Summer (May – Aug)
□ Post Bar Clerkship: Fall (Aug – Nov)
□ Volunteer/Loaner Attorney
□ Undergrad Internship
□ Paralegal Internship
□ Consumer Mediation Internship
□ Victim Services Internship

Year: 202___

Please be advised that the San Francisco District Attorney’s Office may collect public records about you in connection with your application for an internship at any time during your internship with the San Francisco District Attorney’s Office.

Such public records may include information concerning your character, general reputation, personal characteristics, and/ or mode of living. Examples of public records may include but are not limited to, criminal background reports and motor vehicle driving records. You have waived your right to receive copies of such public records by signing below.

Failure to disclose prior arrests, convictions or present false information will result in the disqualification of your application and/or dismissal of your assignment at the San Francisco District Attorney’s Office.

Your signature below acknowledges that you have read and understand the above discloser.

Signature: ___________________________  Date: _____________

Please fill out the attached form and attach a photocopy of your driver’s license.

(Revised 01/08/20)
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Status:    □ Single    □ Married    □ Divorced    □ Widowed

Ethnicity: □ Black (not Hispanic) □ Asian/Pacific Islander □ Hispanic
          □ White (not Hispanic) □ American Indian/Alaskan Native
          □ Other

Gender:    □ Male  □ Female

School:    ______________________  Class Level:  _________  Graduate:  _______  Month/Year

Driver’s License Number:  ______________________  State in which issued:  ______________________
(Please attach a photocopy of your driver’s license)

Date of Birth (MM/DD/YY):  ______________________  Place of Birth:  ______________________

Social Security Number:  ______________________

Phone Number(s):  ______________________
Circle One  Home  Cell  Work        Home  Cell  Work

Email:  ______________________

Current Address:  ______________________
Number  Street

City  State  Zip Code

How long at this address:  ______________________

Previous Address:  ______________________
Number  Street

City  State  Zip Code

How long at this address:  ______________________

(Revised 01/08/20)
Are you presently employed? □ Yes □ No
Hours worked? ______

Where do you work? ________________________________________

Moot Court Experience? □ Yes □ No
Are you bar certified? □ Yes □ No
(see http://calbar.ca.gov for more information)

Member of an Affiliation and/or Organization? □ Yes □ No
If Yes, what affiliation and/or organization? ________________________________________

Special skills, training, interests or hobbies ________________________________________

What area of criminal law are you interested in? ________________________________________

What are your internship goals? ________________________________________

Internship Availability
Fall and Spring Sessions only
- □ 16 hours per week
- □ 24 hours per week
- □ 40 hours per week

Summer Session only
- □ 32 hours per week

Emergency Information: Please list two people (relatives, friends, neighbors) who can be contacted in case of emergency.

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<th>Name</th>
<th>Relationship</th>
<th>Phone(Home/Cell)</th>
<th>Work Phone</th>
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Have you ever used, or been known by another name? □ YES □ NO
If YES, please provide an explanation below:

__________________________________________________________________________

(Revised 01/08/20)
Have you ever been arrested? □ YES □ NO Date

If YES, please provide an explanation below:


Have you ever been convicted, fined, imprisoned, ordered by a judge to do community service or placed on probation for any crime? (Include traffic infractions)

□ YES □ NO Date: 


As of the date of this authorization, do you have any pending criminal charges against you? □ YES □ NO Date:

If YES, please provide an explanation below:


Have you ever been a victim or witness of a crime in San Francisco? □ YES □ NO Date:

If YES, please provide date of occurrence or case number.


(Revised 01/08/20)
I hereby authorize a thorough and detailed background investigation:

Authorized by:

____________________  ______________________
Print Name                Date

Signature

*Please attach a photocopy of your driver's license*

This section TO BE COMPLETED BY DAI INVESTIGATORS:

Position: ________________________________

Results Date: ____________________________  DAI Representative: ____________________________

Approved:  Yes  No  Other ________________________________

(Revised 01/08/20)