



DISTRICT ATTORNEY
CITY AND COUNTY OF SAN FRANCISCO

**SAN FRANCISCO DISTRICT ATTORNEY
AUTHORIZATION FOR BACKGROUND INVESTIGATION**

Name: _____
Last First Middle Maiden

Applying For: (check one) Spring Summer Fall

- | | |
|---|--|
| <input type="checkbox"/> Legal Internship (1L, 2L, 3L) | <input type="checkbox"/> Undergrad Internship |
| <input type="checkbox"/> Law Clerkship (2L'S ONLY)_Summer (May - Aug) | <input type="checkbox"/> Paralegal Internship |
| <input type="checkbox"/> Post Bar Clerkship: Fall (Aug - Nov) | <input type="checkbox"/> Consumer Mediation Internship |
| <input type="checkbox"/> Volunteer/Loaner Attorney | <input type="checkbox"/> 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.

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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: _____

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)

Summer Session (only)

- 16 hours per week
- 24 hours per week
- 40 hours per week

- 32 hours per week
- 40 hours per week

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

Name	Relationship	Phone(Home/Cell)	Work Phone
1.			
2.			

Have you ever used, or been known by another name? YES NO

If YES, please provide an explanation below:

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: _____

If YES, please provide an explanation below:

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.

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 _____