SAN FRANCISCO DISTRICT ATTORNEY
AUTHORIZATION FOR BACKGROUND INVESTIGATION
HIGH SCHOOL STUDENTS ONLY

Please be advised that the San Francisco District Attorney’s Office may collect public records about your high school student in connection with their internship with the San Francisco District Attorney’s Office. Confidentiality will be maintained for this information.

Examples of public records may include but are not limited to, criminal background reports and motor vehicle driving records. By signing below, you have given permission for the San Francisco District Attorney’s Office to collect this information, and you have waived your right to receive copies of such public records.

Failure to disclose prior arrests or presentation of 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 disclosure.

Youth Applicant Name: __________________________________________

Parent/Guardian (print):__________________________________________

Parent/Guardian Signature: __________________________ Date: __________

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

(Revised 3/16/15)
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Name:

Last
First
Middle
Maiden

Status:  ○Single  ○Married  ○Divorced  ○Widowed

Ethnicity:  ○Black (not Hispanic)  ○Asian/Pacific Islander  ○Hispanic

(Optional)

○White (not Hispanic)  ○American Indian/Alaskan Native

○Other

Gender:  ○Male  ○Female

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: ________________________________

Current Address:
Number  Street

City  State  Zip Code

How long at this address: ________________

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

Previous Address:
Number  Street

City  State  Zip Code

How long at this address: ________________

(Revised 3/16/15)
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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Revised 3/16/15)
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:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I hereby authorize a thorough and detailed background investigation:

Authorized by:
Print Name ___________________________ Date ___________________________

Signature ______________________________

This section TO BE COMPLETED BY DAI INVESTIGATORS:

Position: ________________________________

Results Date: ___________________________ DAI Representative: ___________________________

Approved: ☐ Yes ☐ No ☐ Other

(Revised 3/16/15)