



**Montgomery County Office of the District Attorney
 Montgomery County Court House
 P.O. Box 311
 Norristown, PA 19404-0311**



Internship Application

APPLICANT INFORMATION

| | | | | |
|--|-------------|---|-------|-----|
| Name | Address | City | State | Zip |
| Home Phone | Cell Phone | Social Security Number | DOB | |
| Do you have a valid Pennsylvania Driver's License? | YES NO | Marital Status | | |
| Can you speak and understand a foreign language? | YES NO | If YES, what other foreign languages can you speak and understand: | | |
| Have you previously applied for an internship with the Montgomery County District Attorney's Office? | YES NO | If YES, when did you previously apply? | | |
| How did you learn about or become interested in an internship with the Montgomery County District Attorney's Office? | | | | |
| Have you ever been arrested for any crime (including major traffic violations such as Driving Under the Influence or While Intoxicated, etc.)? | YES NO | If YES, list all such matters on the back of this page, even if not formally charged, or no court appearance or found not guilty, or matter settled by payment of fine or forfeiture or collateral. Include date, place, charge, disposition, details, and police agency. | | |

PROGRAM INFORMATION

| | | |
|--|------------------|---|
| Sponsoring Organization, School or College (if applicable) | | |
| Title of Program | Supervisor Name | Supervisor Phone Number |
| Brief Description of Program | | |
| Program Start Date | Program End Date | Number of days applicant will work per week |
| If working less than five days per week, please list days expected | | |
| Do you have a reliable means of transportation to the internship? | YES NO | If NO, please explain: |

EMPLOYMENT HISTORY

In addition to your resume, please identify your most recent three years of work experience below (including full-time, part-time, summer, and temporary employment).

| | | | | |
|------------------------|---------------------|------------|----------------------------------|---|
| Employer's Name: | | Address: | Supervisor's Name | May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, phone # (including area code) |
| Starting Date: | Reason for Leaving: | Job Title: | Number of hours worked per week: | |
| Leaving Date: | | | | |
| Description of Duties: | | | | |

| | | | | |
|------------------------|---------------------|------------|----------------------------------|---|
| Employer's Name: | | Address: | Supervisor's Name | May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, phone # (including area code) |
| Starting Date: | Reason for Leaving: | Job Title: | Number of hours worked per week: | |
| Leaving Date: | | | | |
| Description of Duties: | | | | |

| | | | | |
|------------------------|---------------------|------------|----------------------------------|---|
| Employer's Name: | | Address: | Supervisor's Name | May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, phone # (including area code) |
| Starting Date: | Reason for Leaving: | Job Title: | Number of hours worked per week: | |
| Leaving Date: | | | | |
| Description of Duties: | | | | |

EDUCATION

| SCHOOLS ATTENDED | Circle highest (years) completed | School Name and Address | Earned Diploma / Degree? | Major / Area of Concentration |
|-----------------------|----------------------------------|-------------------------|--------------------------|-------------------------------|
| High School | 1 2 3 4 | | | |
| College / University | 1 2 3 4 | | | |
| Law School | 1 2 3 4 | | | |
| Other Graduate School | 1 2 3 4 | | | |
| Other | 1 2 3 4 | | | |

AWARDS OR OTHER RECOGNITION

Please list any awards, honors, or recognition that you have received:

COMMUNITY SERVICE OR VOLUNTEER WORK

| Agency/Organization | Address | Start Date | End Date | Duties/Activities |
|---------------------|---------|------------|----------|-------------------|
| | | | | |
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| | | | | |

SKILLS

Please list below any special skills, qualifications, or experiences, which you feel are relevant to an internship at the Montgomery County District Attorney's Office:

NOTE: Approval of this application does not obligate this office or Montgomery County for any expenditure of funds for salary, wages, or any compensation whatsoever for services rendered.

I HEREBY CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, BELIEF AND UNDERSTANDING, AND ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN MY EXPULSION FROM THE INTERNSHIP PROGRAM.

| SIGNATURE OF INTERN | DATE |
|---------------------|------|
| X _____ | |