

LINN COUNTY DISTRICT ATTORNEY'S OFFICE
LINN COUNTY COURTHOUSE
300 4TH AVE. SW, PO BOX 100
ALBANY, OR 97321
PHONE: 541-967-3836
FAX: 541-928-3501

INTERNSHIP/VOLUNTEER APPLICATION

INTERN/VOLUNTEER INFORMATION:

Name (Last, First, Middle):

Date:

Other Names Used:

Drivers License #:

Address:

Social Security #:

Email Address:

Phone #:

Have you ever been convicted of a crime? ___YES ___NO

If yes, please explain: _____

****PLEASE NOTE WE WILL CONDUCT A CRIMINAL HISTORY CHECK****

EMPLOYMENT/VOLUNTEER HISTORY:

(Please include the last 10 years history. Attach additional pages if necessary.)

Employer/Agency:

Supervisor:

Address:

Phone #:

Position:

From/To:

Duties:

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Employer/Agency:

Supervisor:

Address:

Phone #:

Position:

From/To:

Duties:

Please tell us why you are volunteering for this particular position and what interests you about this field of employment:

List any additional explanation and information such as, special training, licenses, certificates, work and/or equipment skills, languages, or other special skills you may have that are pertinent to the position to which you are applying.

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If you are applying for an internship please complete the following section:

College you are attending:

Years completed:

Major/Minor:

Graduation Date:

What are your career goals:

What are your objectives for this internship?

Availability (Days & Time):

Date Available:

M _____ T _____ W _____ Th _____ F _____

Area of interest: **Victim Services** **Prosecution Support Staff**

References:

List three persons, other than relatives, who have knowledge of your character, experience, or ability.

Name and Relationship:

Phone #:

Name and Relationship:

Phone #:

Name and Relationship:

Phone #:

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By my signature below,

- (1) I certify that all answers and statements on this application to be true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers or omissions, my application will be rejected.**
- (2) I hereby authorize information from my former employers and others in determining my qualifications and suitability to fill the position I seek, including information of a confidential or privileged nature. I release the employer from liability that may result from obtaining the information requested for the purpose specified herein. This release will expire one year after the date it is signed.**
- (3) I authorize the Linn County District Attorney to make investigations, including but not limited to a criminal history check, to verify the information contained in this application and any other application materials I provide.**
- (4) I understand that I must complete and pass a pre-employment drug screening.**
- (5) I understand that if I am accepted into the program, circumstances may arise in which my participation may be terminated by the District Attorney.**

Signature of Applicant

Date
