



KELLY HIGGINS
Criminal District Attorney
Hays County Government Center
712 South Stagecoach Trail, Ste. 2057
San Marcos, Texas 78666
(512)393-7600 FAX (512)393-7619

**Hays County District Attorney
Internship/Volunteer Application Form**

This form is to be completed prior to beginning an internship and/or participation in special training or volunteer programs. Any applicant who **furnishes false information** will be **subject to immediate termination** of the **internship/volunteer program**. Please type N/A (not applicable) if a question does not apply to you.

It is the policy of the Hays County District Attorney to require a **criminal record check prior to accepting and intern/volunteer**. **Submission of this application gives the Hays County District Attorney your expressed consent to prepare a background check**. The following information is required to assist in such an investigation and serve as a record for your internship/volunteer service. It is understood by both parties that the information contained in this application is confidential and to be used only for the purpose of placement in the internship/volunteer program.

Date: _____
(month) (day) (year)

Name: _____
(last) (first) (middle) (maiden name)

Email Address: _____

Telephone Number: _____

Emergency Contact name and telephone number: _____

Permanent Address: _____

Present Address: _____

Date of Birth: _____
(month XX) (day XX) (four-digit year XXXX)

Place of Birth: _____
(city) (county) (state) (country)

Drivers License Number: _____ State: _____

Social Security Number: _____

Name of Spouse: _____
(last) (first) (middle) (maiden name)

Parent's Name: _____
(last) (first) (middle)

Address: _____

Do you have any physical conditions which may limit participation in the internship/volunteer program: Yes () No ()

If yes, describe _____

Have you been in the military: Yes () No ()

If yes, what branch? _____

Type of Discharge: _____ Year _____

Work experience and employment. Start with present or last employer first. (You may attach a resume as an alternative.)

| Position | Years of Employment | Employer's Address/Telephone Number |
|----------|---------------------|-------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Describe any experience related to the legal profession you may have had:

Honors/Awards: _____

Extracurricular activities, hobbies, special skills or organizations: _____

Have you ever been arrested or involved in any police action? Yes () No ()

If yes, please attach a separate page describing the incident and result.

What are your career plans? _____

If you are selected for an internship/clerkship, when can you start and when do you need to end your internship/clerkship?

Which days (Monday through Friday) and times (8am to 5pm) would you be available?

I understand there is no obligation on the part of the Hays County District Attorney to accept my application for internship/volunteer program, nor to maintain the applicant if deemed unsuitable for the tasks required. I further understand that I may be temporarily suspended or permanently terminated for my service as an intern/volunteer at any time it is established that the continuance of the internship is neither in my best interest or the Hays County District Attorney. I am fully aware of and understand that it is the policy of the Hays County District Attorney that no Intern/Volunteer shall discuss or communicate in any form matters they may come in contact with through the course of performing their duties. I further understand that the Hays County District Attorney's files and work product is to be at all times kept confidential. Should I breach this policy, I understand that my conduct will result in immediate termination and may result in criminal charges against me. I hereby affirm and declare that all the information provided in the foregoing application is true and correct within the best of my knowledge.

Applicant's Signature

Date

Name of Spouse: _____
(last) (first) (middle) (maiden name)

Parent's Name: _____
(last) (first) (middle)

Address: _____

HAYS COUNTY EMPLOYEE INFORMATION FORM

REQUIRED BY HUMAN RESOURCES FOR ALL EMPLOYEES AND INTERNS

LAST NAME _____

FIRST NAME _____

MIDDLE _____

ADDRESS _____

SEX _____

RACE _____

MARITAL STATUS _____

SS NUMBER _____

DRIVERS LICENSE NUMBER, TYPE _____

DOB _____

HOME PHONE _____

EMERGENCY CONTACT NAME AND PHONE _____

RELATIONSHIP _____

PHONE _____