



WES MAU

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)

Telephone Number: _____

Emergency Contact name and telephone number: _____

Permanent Address: _____

Present Address: _____

Date of Birth: _____
(month) (day) (complete year: 19____)

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 _____



AUTHORIZATION AND CONSENT FOR DISCLOSURE OF CRIMINAL HISTORY AND PERSONAL INFORMATION

In connection with the evaluation of my suitability for employment, volunteer or intern status, or contracted services to the County of Hays (either as an independent contractor or as an employee of an organization or business who has entered into a contract with the County of Hays), I give my consent for authorized employees of the County of Hays to obtain, related to my application for employment, volunteer or intern status, or contracted services to the County of Hays, full and complete disclosure of records of criminal history, drivers' license, educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospital, clinics, private practitioners and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections and records of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had interest. Any such information will be used solely for employment, volunteer or intern status, or contracted services related considerations and not for any other purpose.

I authorize, consent, and grant permission to any person or entity to release to authorized employees of the County of Hays or its agent(s) any and all information regarding the above referenced information. I waive any and all claims I may have with respect to providing such information. I understand that the County of Hays and its agent(s) are not responsible for the accuracy or completeness of the information contained in such reports. I release the County of Hays and its agent(s) from any and all liability, claims, and lawsuits with respect to the information obtained from any or all the sources used by the County of Hays and its agent(s).

I understand that his authorization is not an offer of employment, volunteer or intern status, or contracted services by the County of Hays and that any false or misleading information I have provided to the County of Hays may result in a refusal to hire, promote, reassign, or continue employment, volunteer or intern status, or contracted services. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform the County of Hays in writing that I revoke this authorization.

Signature (include Middle/Maiden/Former Names)

Printed Name (include Middle/Maiden/Former Names)

Address

Date of Birth

City, State, Zip Code

Social Security Number

Phone Number

Driver's License Number and State Issued

Subscribed and Sworn Before Me By the Said _____ This _____ Day of _____, 20___. To Certify Which Witness My Hand and Seal of Office as a Notary Public in and for the State of Texas.

Signature

My Commission Expires _____