GEORGE GASCÓN
DISTRICT ATTORNEY
CITY AND COUNTY OF SAN FRANCISCO

November 8, 2011

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.

SAN FRANCISCO DISTRICT ATTORNEY
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Name:_____
Last First Middle Maiden

Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Ethnicity: (Optional) ☐ Black (not Hispanic) ☐ Asian/Pacific Islander ☐ Hispanic
☐ 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:_____

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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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 _____