SAN FRANCISCO DISTRICT ATTORNEY
AUTHORIZATION FOR BACKGROUND INVESTIGATION

Name: ________________________

Last __________  First __________  Middle __________  Maiden __________

Applying For: (check one) □ Spring  □ Summer  □ Fall

□ Legal Internship (1L, 2L, 3L) □ Undergrad Internship

□ Law Clerkship (2L’S ONLY) Summer (May – Aug) □ Paralegal Internship

□ Post Bar Clerkship: Fall (Aug – Nov) □ Consumer Mediation Internship

□ Volunteer/Loaner Attorney □ Victim Services Internship

Year: 202

Please be advised that the San Francisco District Attorney’s Office may collect public records about you in connection with your application for an internship at any time during your internship with the San Francisco District Attorney’s Office.

Such public records may include information concerning your character, general reputation, personal characteristics, and/or mode of living. Examples of public records may include but are not limited to, criminal background reports and motor vehicle driving records. You have waived your right to receive copies of such public records by signing below.

*Failure to disclose prior arrests, convictions or present 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 discliser.

Signature: ________________________  Date: __________________

Please fill out the attached form and attach a photocopy of your driver’s license.

(Revised 05/04/16)
SAN FRANCISCO DISTRICT ATTORNEY
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Status: □ Single □ Married □ Divorced □ Widowed

Ethnicity: □ Black (not Hispanic) □ Asian/Pacific Islander □ Hispanic
□ White (not Hispanic) □ American Indian/Alaskan Native
□ Other

Gender: □ Male □ Female

School: ___________________________ Class Level: ____________ Graduate: ________________
Month/Year

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: ________________________________

Phone Number(s):
Circle One Home Cell Work Home Cell Work

Email: __________________________________________

Current Address: ________________________________________________

Number Street

City State Zip Code

How long at this address: __________________

Previous Address: ____________________________________________

Number Street

City State Zip Code

How long at this address: __________________

(Revised 05/04/16)
Are you presently employed?  □ Yes  □ No  Hours worked? ______

Where do you work? __________________________________________

Moot Court Experience?  □ Yes  □ No  Are you bar certified?  □ Yes  □ No
(see http://calbar.ca.gov for more information)

Member of an Affiliation and/or Organization?  □ Yes  □ No
If Yes, what affiliation and/or organization? ________________________________

Special skills, training, interests or hobbies __________________________________

What area of criminal law are you interested in? ____________________________

What are your internship goals? ____________________________________________

Internship Availability
Fall and Spring Sessions (only)  Summer Session (only)
  □ 16 hours per week  □ 32 hours per week
  □ 24 hours per week  □ 40 hours per week
  □ 40 hours per week

Emergency Information: Please list two people (relatives, friends, neighbors) who can be contacted in case of emergency.

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone (Home/Cell)</th>
<th>Work Phone</th>
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Have you ever used, or been known by another name?  □ YES □ NO

If YES, please provide an explanation below:

__________________________________________________________________________

__________________________________________________________________________

(Revised 05/04/16)
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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you ever been a victim or witness of a crime in San Francisco?
□ YES □ NO Date: __________

If YES, please provide date of occurrence or case number.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Revised 05/04/16)
I hereby authorize a thorough and detailed background investigation:

Authorized by:

Print Name

Date

Signature

*Please attach a photocopy of your driver's license*

This section TO BE COMPLETED BY DAI INVESTIGATORS:

Position:

Results Date: __________________________ DAI Representative: __________________________

Approved: [ ] Yes [ ] No [ ] Other __________________________