



COUNTY OF SAN BERNARDINO
OFFICE OF THE DISTRICT ATTORNEY
JASON ANDERSON, DISTRICT ATTORNEY

INTERN PROGRAM APPLICATION

I am applying for: Spring 20____ Summer 20 ____ Fall 20 ____

I am interested in applying for the following positions:

- Law Clerk Volunteer Law Clerk
 Volunteer Attorney General Volunteer (Undergraduate Intern)
 General Volunteer (Paralegal) General Volunteer (Victim Services)

Please fill-out if applying for Law Clerk, Volunteer Law Clerk, or Volunteer Attorney Positions

I am applying as a: Certified Law Student Law Clerk
What year of law school are you in?
 Certified Post-Bar Law Clerk
Date California Bar Exam was taken:
 Non-Certified Law Student Law Clerk
What year of law school are you in?
 Volunteer Attorney
State Bar Number:

If you are or will be a certified law student or certified post-bar applicant, the date you became/will be certified under the State Bar of California's Office of Certification/Practical Training of Law Students:

I will
will not need the DA's Office to sign forms for my certification

INFORMATION

Date:

Name:

Address:

City:

State:

Zip:

Home Phone: ()

Cell Phone: ()

Please PRINT E-mail address:

EDUCATION

Undergraduate degree (if applicable):
College/University name:
Law School name (if applicable):
Other Degree(s) Obtained:

EXPERIENCE

Please describe any legal/law enforcement experience you have:

Why do you want to work at the District Attorney's Office?

AVAILABILITY

Start date:	End date:
Days of the week available:	Hours available:
Which office(s) are you interested in:	
<input type="checkbox"/> Morongo/Joshua Tree	<input type="checkbox"/> San Bernardino
<input type="checkbox"/> Rancho Cucamonga	<input type="checkbox"/> San Bernardino – Appellate Services Unit
<input type="checkbox"/> Victorville	
Due to the sensitive nature of the work in the District Attorney’s Office, a background check will be required. Do you have any objection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a position is not offered in the Law Clerk Program for compensation, would you still be interested in volunteering as a law clerk with the San Bernardino County District Attorney’s Office? <input type="checkbox"/> Yes <input type="checkbox"/> No	

LANGUAGE(S) and SKILLS

Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, which language(s):
Explain any special skills useful to this position:



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FINAL STATUS

- Approved
 Denied

By: _____

Date: _____

SEND RESULTS TO:

Phone#: _____

**AUTHORITY TO
RELEASE PERSONAL INFORMATION**

I fully recognize that the San Bernardino County District Attorney's Office ("SBCDA") will inquire into all areas of my background, which may affect my suitability to be employed by or volunteer for a law enforcement agency. I hereby authorize SBCDA to investigate my past record and to obtain any and all information concerning my record or character from present and past employers, personal references, and all persons from whom SBCDA determines to have relevant information. Moreover, I hereby exonerate, release, and discharge such persons or entities, and its officers, agents, and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by SBCDA.

NAME: _____
Last First Middle

MAIDEN OR PRIOR NAMES: _____

HOME ADDRESS: _____
No. Street Apt. #

City State Zip

TIME AT THIS ADDRESS: _____ years _____ months

HOME TELEPHONE NUMBER () _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER & EXPIRATION: _____

DATE OF BIRTH: ____ / ____ / ____ BIRTHPLACE: _____
Mo. Day Yr. City State

CURRENT EMPLOYER: _____
ADDRESS: _____

IMMEDIATE SUPERVISOR: _____ TELEPHONE: () _____
DATE OF EMPLOYMENT: _____

PAST EMPLOYER: _____
ADDRESS: _____
IMMEDIATE SUPERVISOR: _____ TELEPHONE: () _____
DATE OF EMPLOYMENT: _____

Have you ever been arrested or convicted of any criminal offense (whether adult or juvenile, sealed or expunged)? Yes No

If yes, list offense, date and court of jurisdiction: _____

Explain the circumstances: _____

Please list all previous addresses you have had for the last ten years.

Date From / Date To	Street	City	County	State

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statement of material fact will subject me to disqualification or dismissal. I also understand that my work with the District Attorney's Office is contingent upon successful completion of this background investigation. I further understand that I will not be provided, nor am I entitled to, an original or a copy of the background information provided as a part of this background investigation.

Signature: _____ **Date:** _____

INVESTIGATION RESULTS

CNI	DMV	CII



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INTERN PROGRAM AGREEMENT

1. I agree not to divulge any information obtained in the course of employment to unauthorized persons, including information that may be classified under law firm or attorney work product privilege under California Rule of Civil Procedure § 2018.030. I understand unauthorized release of confidential information may make me subject to a civil action under the provisions of the Welfare and Institutions Code.
2. I understand that I must comply with all applicable laws if employed by or volunteering with the San Bernardino County District Attorney's Office, including, but not limited to, the California Rules of Professional Conduct and the California State Bar Act.
3. I understand that if I am injured while performing my job duties, I must immediately report the injury to my supervisor.
4. I understand that I will be covered through the County's self-insurance program for public liability losses while performing work.
5. I understand that, as a law clerk or volunteer, I shall be deemed an employee of the County for Worker's Compensation purposes only while performing my job duties.
6. I understand that I must have a valid California Driver's License and carry the State's minimum vehicle liability and property damage insurance for my personal vehicle if my duties involve travel on County business.
7. I agree to follow all County policies and practices regarding conduct and ethics, which apply to County employees.
8. I understand that my services and/or employment with the department can be terminated at any time without cause and without right to appeal.

I have read this agreement. I understand and agree to abide by all terms listed above.

Please **PRINT** Name

Please **SIGN** Name

Date



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CONFIDENTIALITY AND WORK ETHICS AGREEMENT

The District Attorney's Office is responsible for the prosecution of criminal cases. Like the any member of the San Bernardino County District Attorney's Office staff, you have an obligation to the public we serve to maintain the highest ethical standards in both personal and official conduct.

CONFIDENTIAL INFORMATION:

During your assignments, you may become privy to sensitive and/or confidential information. Remember that official business of the District Attorney's Office is confidential. Do not discuss or give official information to anyone other than those persons for whom the material is intended, as directed by your supervisor or as required by law. Disclosure of certain sensitive and/or confidential information may subject you to liability and/or prosecution.

IDENTIFICATION:

You will be issued an identification card that will authorize you to enter the District Attorney's Office facilities. You will be held personally responsible for this identification. Please immediately report it to your supervisor if the identification card is lost. Misuse of official identification is a violation of the law.

SAFETY POLICY:

The District Attorney's Office regards the personnel of this office as its most valuable asset. The reduction of on-the-job injuries and damage to San Bernardino County property is an essential part of an efficient operation. The practice of safety and the prevention of accidents shall be the responsibility of all members of the District Attorney's Office. If you are injured on the job, please immediately report the injuries to your supervisor.

TIMECARDS:

The District Attorney's Office is required to record and maintain the number of hours worked. Your supervisor will provide you with the appropriate form to complete so that your total hours worked may be submitted on a weekly basis to your supervisor. The hours will then be forwarded to your permanent file. The District Attorney's Office reserves the right to terminate your employment or volunteer status without cause.

WORK ETHICS:

As an employee or volunteer of the District Attorney's Office, you are expected to report to work in a timely manner and call in promptly to the appropriate supervisor when you are not able to report to work. You are to check in with your supervisor for daily work assignments, unless otherwise instructed. Work assignments may be interrupted and you may be given a new assignment when a priority task needs to be completed. Work assignments are expected to be completed in a timely manner. Report any concerns to the appropriate supervisor.



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CONFIDENTIALITY & WORK ETHICS AGREEMENT (Page 2)

APPEARANCE & BEHAVIOR:

Clean business casual clothing and comfortable shoes are permitted, unless going to court or instructed otherwise. If you will be making a court appearance, you must adhere to the San Bernardino County District Attorney dress code for attorneys. Please keep assigned work areas clean before leaving for the day and always treat others professionally and respectfully.

I have read this agreement. I understand and agree to abide by all terms listed above.

Please **PRINT** Name

Please **SIGN** Name

Date

**Thank you for your interest in the San Bernardino County District Attorney's Office.
With the effort of dedicated individuals, our office will continue to enjoy its image of public
trust and professionalism!**