OFFICE OF THE
District Attorney
CITY OF PHILADELPHIA

3 South Penn Square, Philadelphia, PA 19107 (215) 686-8000

INITIAL APPLICATION FOR EMPLOYMENT / INTERNSHIP

CITY OF PHILADELPHIA - COMMONWEALTH OF PENNSYLVANIA

POSITION APPLYING FOR: ☐ 1L ☐ 2L ☐ CLINICAL INTERN ☐ CO-OP INTERN ☐ ADA ☐ OTHER:

APPLICANT INFORMATION

FIRST NAME:

LAST NAME:

PERMANENT ADDRESS: (NOT SCHOOL ADDRESS) APT:

CITY: STATE: ZIP:

DATE OF BIRTH: / / PLACE OF BIRTH: SSN:

PHONE: ☐ HOME ☐ CELL ☐ OTHER

EMAIL ADDRESS: (NOT SCHOOL EMAIL ADDRESS)

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT RELATIONSHIP:

EMERGENCY CONTACT ADDRESS: APT:

CITY: STATE: ZIP:

PHONE: ☐ HOME ☐ CELL ☐ OTHER

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF PHILADELPHIA? ☐ YES ☐ NO

DEPARTMENT: DATES: / / TO / / PAYROLL NUMBER:

IF APPLYING FOR ADA POSITION, DO YOU PREFER: ☐ LAW DIVISION ☐ TRIAL DIVISION ☐ BOTH ☐ NO PREFERENCE

HAVE YOU EVER INTERNED AT THE PHILADELPHIA DISTRICT ATTORNEY'S OFFICE? ☐ YES ☐ NO

DATES: / / TO / /	☐ 1L ☐ 2L ☐ CLINICAL ☐ UNDERGRADUATE ☐ CO-OP ☐ OTHER
DATES: / / TO / /	☐ 1L ☐ 2L ☐ CLINICAL ☐ UNDERGRADUATE ☐ CO-OP ☐ OTHER
DATES: / / TO / /	☐ 1L ☐ 2L ☐ CLINICAL ☐ UNDERGRADUATE ☐ CO-OP ☐ OTHER

AUTHORIZATION AND RELEASE

I authorize and release, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the Philadelphia District Attorney's Office any such information, including documents, records, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Philadelphia District Attorney's Office or any of it's agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, exonerate the Philadelphia District Attorney's Office, it's agents and representatives, and any other person so furnishing information from any and all liability or every nature and kind arising out of furnishing or inspection of such documents, records, and other information or the investigation made by or on my behalf of the Philadelphia District Attorney's Office

I verify that the statements of facts made by me in this application are true and correct and that they are made subject to the penalties of 18 Pa. C.S §4904 relating to unsworn falsification to authorities. I further verify that I have not omitted any facts of matters pertinent to this application. I agree that any material falsification or omission in this application will constitute just cause for any immediate dismissal.

APPLICANT NAME PRINTED:

APPLICANT SIGNATURE: DATE: / /