



STATE'S ATTORNEY of COOK COUNTY
Application for Internship Position
(Undergrad/Graduate/Paralegal)

PERSONAL INFORMATION

1. _____
 FIRST **MIDDLE** **LAST**

2. _____
 ADDRESS **CITY** **STATE** **ZIP CODE**

3. Home Phone: () _____ Alternate Phone:() _____

4. Email Address: _____

(For security check purposes)

5. Social Security Number: _____ Date of Birth: _____

6. Driver's License Number: _____

7. Have you ever been convicted of any violation of any federal law, state law, county or municipal law or ordinance? Do not include traffic violations for which a fine of \$25.00 or less was imposed. All other convictions must be included.

YES _____ NO _____

APPROXIMATE DATE	CONVICTION	ACTION TAKEN

EDUCATION

8. HIGH SCHOOL: DID YOU GRADUATE: YES _____ NO _____

NAME AND ADDRESS OF GRAMMAR AND HIGH SCHOOL(S) ATTENDED

9. COLLEGE: YES ___ NO ___

NAME AND ADDRESS OF COLLEGE(S) ATTENDED		DEGREE RECEIVED

10. LIST OTHER EDUCATION OR TRAINING?

11. IS THIS INTERNSHIP REQUIRED FOR COURSE CREDIT ?

YES ___ NO ___ IF YES, HOW MANY HOURS ARE REQUIRED? _____

12. DO YOU POSSESS COMPUTER SKILLS? YES ___ NO ___

IF SO WHAT PROGRAMS?

13. LIST ANY FOREIGN LANGUAGE IN WHICH YOU ARE PROFICIENT: _____

14. HAVE YOU EVER BEEN DISMISSED, ASKED TO RESIGN, OR BEEN SUSPENDED FROM ANY POSITION YOU HAVE HELD?

YES ___ NO ___

IF YES, PLEASE EXPLAIN:

15. PLEASE GIVE A BRIEF EXPLANATION FOR WANTING TO DO AN INTERNSHIP WITH THE STATE'S ATTORNEY'S OFFICE.

PLEASE RATE PREFERENCE OF UNIT LOCATION, USING 1- 4 WITH 1 BEING HIGHEST CHOICE:

Civil Actions (Daley Center) ____; Juvenile Justice (1100 S. Hamilton) ____
Narcotics (26th & California) ____; Public Interest (69 W. Washington) ____; / Child Support
Enforcement Division (28 N. Clark) ____; Felony Trial Division (26th & California)____;
Appeals (Daley Center) ____; Traffic (69 W. Washington) ____;
Special Prosecutions (26th & California)____;13th & Michigan/ Domestic Violence ____;
Investigations ____; Administrative/Support Services ____;
Victim Witness Assistance Program ____ or
District locations: Skokie ____ Rolling Meadows ____; Maywood ____; Bridgeview ____; Markham

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THERE IS CONFIDENTIAL INFORMATION WITHIN THE STATE'S ATTORNEY'S OFFICE AND I AGREE NOT TO RELEASE ANY TYPE OF INFORMATION TO UNAUTHORIZED INDIVIDUALS.

DATE: _____

SIGNATURE: _____

PLEASE RETURN COMPLETED APPLICATION FORM ALONG WITH RESUME AND RELEASE FORM TO:

**COOK COUNTY STATE'S ATTORNEY'S OFFICE
ATTN: INTERNSHIPS
69 WEST WASHINGTON, SUITE 3200
CHICAGO, ILLINOIS 60602
Phone 312-603-1880
FAX 312-603-9690; EMAIL: hrsao@cookcountygov.com**

THE STATE'S ATTORNEY'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY:

Processing Date: _____

Interviewed:

Date: _____ By: _____ Placement: _____