



**OFFICE OF THE STATE'S ATTORNEY
COOK COUNTY, ILLINOIS**

ANITA ALVAREZ
State's Attorney of Cook County

**69 West Washington, Suite 3200
Chicago, Illinois 60602
Phone: 312/603-1880
Fax: 312/603-9689**

**COOK COUNTY STATE'S ATTORNEY'S OFFICE
THIRD YEAR LAW STUDENT APPLICATION**

Today's Date: _____

Name: _____

School Address : _____

Permanent Address: _____

Daytime Phone#: _____

Evening Phone#: _____

E-Mail Address: _____

Law School: _____

Expected Graduation Date: _____

Date Sitting for Illinois Bar: _____

Have you ever plead to or been convicted of a crime? _____; If yes, please provide details and attach a separate sheet if necessary.

Have you previously applied, interviewed or worked in any capacity with the office? _____; If yes, please provide details and attach a separate sheet if necessary.

Please highlight any aspect of your education or experience which may be helpful in evaluating your application:

Why are you interested in employment with the Cook County State=s Attorney=s Office?

Complete both the application and attached release form and return by mail to the address below or fax to (312)603-9689 along with your resume, transcript, legal writing sample and letter(s) of recommendation to:

**Attention: Legal Hiring
Cook County State 's Attorney 's Office
69 West Washington, Ste 3200
Chicago, Illinois 60602**

All telephone inquires should be directed to Cathleen Costello Jacobs (312)603-1849
email: attyhire@cookcountygov.com

Equal Opportunity Employer

The State 's Attorney 's Office is an Equal Opportunity Employer committed to complying with all laws and regulations relating to equal employment opportunities. The State 's Attorney 's Office will not refuse to hire or promote any individual, or to discipline or discharge any individual or discriminate against any individual, with respect to his or her wages, hours, or other terms and conditions of employment, because of that individual 's race, color, creed, religion, ancestry, national origin, sexual orientation, age, sex, gender identity, citizenship, veteran status, marital status, parental status, disability, or perceived disability. The State 's Attorney 's Office has an Equal Employment Opportunity Program which is in compliance with all applicable laws and regulations.



**OFFICE OF THE STATE'S ATTORNEY
COOK COUNTY, ILLINOIS**

ANITA ALVAREZ
State's Attorney of Cook County

**69 West Washington, Suite 3200
Chicago, Illinois 60602
Phone: 312/603-1880
Fax: 312/603-9689**

RELEASE FORM

Please read the following carefully before signing it as it contains terms and conditions that affect your application and potential employment.

1. **VERIFICATION** I verify that all information I have provided both orally and in documentary form in connection with my application for a position with the Cook County State's Attorney's Office is true and accurate. I understand that any false or misleading information I furnish in connection with my application for employment may rescind any contingent offer of employment or result in my immediate termination, regardless of when discovered.
2. **AUTHORIZATION and RELEASE** I authorize the Cook County State's Attorney's Office to conduct a complete and thorough investigation of my qualifications for employment including a security check. I release any and all persons and parties connected with any investigation from any and all claims or damages arising from the furnishing of information. I further understand that my offer of employment and actual employment is contingent upon satisfactory results of such investigations. I further agree to provide my date of birth and social security number for the sole purpose of conducting background checks.
3. **EMPLOYMENT-AT-WILL** I understand and agree that my employment is terminable at will. Both the State's Attorney's Office and I remain free to end our work relationship at any time and for any reason. Further, I understand that nothing in any policies, manuals or similar documents creates an expressed or implied contract of employment.

PRINT NAME

SIGNATURE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE