

OFFICE OF THE DISTRICT ATTORNEY

D. Vic Reynolds

DISTRICT ATTORNEY, COBB JUDICIAL CIRCUIT

70 HAYNES STREET, MARIETTA, GA 30090

Telephone (770) 528-3080

INVESTIGATIONS INTERN APPLICATION

Print clearly and complete all fields

Name _____ Date of application _____

Home address _____ Phone numbers _____

Email address _____

Emergency contact name, telephone, relationship _____

School _____ Department _____

Degree _____ Expected graduation _____

Faculty contact for internship program/course _____

Email address _____ Phone _____

School term you wish to intern _____

Number of internship hours required by your school _____

School deadline for completion of your internship _____

If you are employed, provide company name and address, supervisor's name and phone, and your title and duties.

Please explain why you wish to intern in the investigations unit of the Cobb DA's Office and what you hope to learn from the internship.

Describe any special skills, interests or training you have that relates to law enforcement or the judicial system.

List all clubs/organizations/groups of which you are a member .

Have you ever been convicted of a crime? (Exclude minor traffic violations) YES NO

If yes, provide the date of arrest, jurisdiction, charge and sentence. You may provide a brief narrative on another sheet of paper and include it with this application.

Have you ever been the victim of a crime? YES NO

If yes, provide the date, jurisdiction and type of crime. You may provide a brief narrative on another sheet of paper and include it with this application.

Do you have any health or medical issues that will impact your internship? If so, please explain.

You must submit three letters of recommendation with your application. References should include at least one college professor and a current or former employer.

Please list names, titles, email and phone numbers of the individuals submitting recommendations on your behalf.

1.

2.

3.

You must also submit your academic transcript as part of your application. If possible, include it with your application. It can also be mailed to: Inv. Kim Isaza, Cobb DA's Office, 70 Haynes Street, Marietta, Ga. 30090.

In addition, you must complete the attached authorization for release of information and have it notarized, and include a photocopy of your driver's license as part of your application.

All information in this application is true to the best of my knowledge. I understand that any false or misleading information is grounds for dismissal from the internship program.

Printed name

Signature

Date

For office use only

Letters received from 1. _____ 2. _____ 3. _____

☐ Transcript received

☐ GCIC completed

Date of interview with applicant _____

Starting date, if selected _____

Termination date, if applicable _____ Reason _____