

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 _____



COBB COUNTY DISTRICT ATTORNEY AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any employee, officer, investigator, or other authorized agent of the Cobb County Government to receive any criminal history information pertaining to me which may be in the files of any state, local or federal criminal justice agency.

I also request and authorize a review and full disclosure of all such information and records concerning me, to any duly authorized agent of the Cobb County Government, whether the said records are of a public, private or confidential nature.

I understand that any information obtained by a personal criminal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in making a determination of my suitability or eligibility for employment by Cobb County Government. I authorize a photocopy of this release form to be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I hereby release any and all organizations, reporting agencies, and others from any liability or damage, which may result from furnishing the information requested above.

I also certify the information I have entered on this form is true and accurate, to the best of my knowledge, under penalty of law.

I, _____ give consent to the above named agency to perform periodic criminal history background checks every two years pursuant to Georgia Crime Information Center Council rule 140-2-.09 Personnel Security Standards for the duration of my employment with this agency.

Signed this _____ day of _____ of 20_____

Signature _____

Printed Name: _____

Notary

Date

Seal

Request For (select only one):

Criminal History* Drivers License check and History** Both

* This information will be provided for employment purposes only. Applicant must furnish a government-issued photo ID for verification purposes.

** In accordance with Georgia Laws 40-5-2, my signature authorizes Cobb County District Attorney's Office to procure a copy of applicant's driver's license history. Applicant must furnish a valid driver's license in order to run a Driver's History.

(PLEASE PRINT)

(Please complete EVERY blank on this page. Enter N/A if not applicable. Submit your FULL LEGAL NAME. NO initials are to be used unless you have an initial name only.)

Name: _____
(Last) (First) (Middle)

Social Security Number: _____

Date of Birth: _____ Race: _____ Sex: M _____ F _____

Place of Birth: _____
(City, State, and Nation)

Maiden Name: _____

Other Names Used: _____

Current Address: _____
(Number, Street, Apt. #)

(City, State, Zip Code)

Home Phone: _____ Work Phone: _____

Driver's License Number: _____ State: _____

Exp. Date: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Other Driver's Licenses You Have Held:

(State)	(License Number)
_____	_____
_____	_____

Please list any other counties/states where you lived, worked or attended school in the past 10 years.

County/State _____ County/State _____

County/State _____ County/State _____

Have you ever been arrested? (Regardless of disposition/outcome)

County/State: _____

Cobb County Internal Use Only:

Purpose Code used: (check one)

<input type="checkbox"/>	Civilian Employment with a Criminal Justice Agency (J) – Provides complete Georgia and III Criminal History Record Information except juvenile or restricted records
<input type="checkbox"/>	P.O.S.T. Certified Employment with a Criminal Justice Agency (Z) - Provides Georgia and III Criminal History Record Information including restricted records that contain completed first offender sentences for any offense.

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia or III CHRI found.
<input type="checkbox"/>	Yes Georgia / III CHRI see attached
<input type="checkbox"/>	No/Yes Driver's History found

<input type="checkbox"/>	No NCIC/GCIC Warrants found.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Date of Inquiry: _____ Time of inquiry: _____ Operator's initials: _____

Agency Designee Signature and Title

Date

Job Applying For:

Department: _____

Position: _____