

**OFFICE OF THE DISTRICT ATTORNEY**

**Joyette M. Holmes**

DISTRICT ATTORNEY, COBB JUDICIAL CIRCUIT

70 HAYNES STREET, MARIETTA, GA 30090

Telephone (770) 528-3080

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**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** \_\_\_\_\_

**Deadline for you to notify your school of acceptance in an internship** \_\_\_\_\_

**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.**

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

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**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.**

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**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.**

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

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**You must submit one letter of recommendation with your application.**

**Please list name, title, email and phone number of the individual submitting a recommendation on your behalf.**

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**You must also submit your academic transcript as part of your application. The transcript does not need to be certified. 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 Investigations Internship 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**

Letter received from \_\_\_\_\_

Transcript received

GCIC completed

Date of interview with applicant \_\_\_\_\_

Starting date, if selected \_\_\_\_\_

Termination date, if applicable \_\_\_\_\_ Reason \_\_\_\_\_



## COBB COUNTY GOVERNMENT 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 the 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 Public

Date

Notary Seal

### Request For (select only one):

Criminal History\*       Motor Vehicle Report\*\*       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 Human Resources Department to procure a copy of applicant's driver's license history. **Applicant must furnish a valid driver's license in order to run a Motor Vehicle Report.**

(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) Please circle one:**

**Yes or No**

If yes, list county and state: \_\_\_\_\_

**Cobb County Internal Use Only:**

**Purpose Code used: (check one)**

	<b>Civilian Employment with a Criminal Justice Agency (J)</b> – Provides complete <i>Georgia</i> and <i>III</i> Criminal History Record Information except juvenile or restricted records
	<b>P.O.S.T. Certified Employment with a Criminal Justice Agency (Z)</b> - Provides <i>Georgia</i> and <i>III</i> 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)**

	<b>No</b> Georgia or <i>III</i> CHRI found.
	<b>Yes</b> Georgia / <i>III</i> CHRI see attached
	<b>No/Yes</b> Driver's History found

	<b>No</b> NCIC/GCIC Warrants found.
	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: \_\_\_\_\_