



OFFICE USE ONLY

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DENVER DISTRICT ATTORNEY'S OFFICE
INTERN/VOLUNTEER APPLICATION

OFFICE USE ONLY

LOCATION _____
SUPERVISOR _____
VOLUNTEER DUTIES _____

DATE STARTED _____
DATE TERMINATED _____
REASON FOR TERMINATION _____

PLEASE PRINT:

NAME: _____ DATE: _____

OTHER NAMES YOU HAVE USED:

ADDRESS:

(STREET)

(CITY)

(ZIP CODE)

PHONE#: _____

DATE OF BIRTH: _____

PLACE OF BIRTH:

FORMER STATES OF RESIDENCY:

SOCIAL SECURITY NUMBER:

DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE:

PREVIOUS EMPLOYMENT: PLEASE INCLUDE CURRENT RESUME

Have you been fired or asked to resign from any job in the last five years? ____Yes____No

If yes, please explain in employment record.

Start with your present or last job. Include military service assignments and volunteer activities.

1. Employer:

Dates Employed:

Address:

Work Performed:

Job Title:

Supervisor:

Phone No (include area code)

Reason for leaving:

2. Employer:

Dates Employed:

Address:

Work Performed:

Job Title:

Supervisor:

Phone No (include area code)

Reason for leaving:



Highest Grade Completed:

Currently Attending: _____ Graduation:

Specialized Training, Education or Skills:

Do you speak, read, or write any foreign language?

Have you ever been a victim of a crime? If yes, please explain:

Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please explain:

Are you willing to give the City and County of Denver time commitment of six to twelve months?

() yes () no

What is most important to you in a volunteer position?

Are there particular interests or skills you would like to develop or learn more about?

Type of volunteer work desired:

Indicate day(s) and time(s) you would be available to volunteer:

MON TUES WED THUR FRI

Morning

Afternoon

Evening

List three references of people whom we may contact:

(Name) (Address) (Phone)

(Name) (Address) (Phone)

(Name) (Address) (Phone)

In case of emergency, please notify:

List any other information you feel would be pertinent about your volunteer experience:



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Denver District Attorney's Office, along with the law enforcement departments, to conduct whatever background search that may be deemed appropriate. This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with the Denver District Attorney's Office.

I fully understand the information you collect may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability. I hereby release the Denver District Attorney's Office from the liability and damage which may result from the exchange of requested information between law enforcement departments and the Denver District Attorney's Office.

Applicant's Signature

Date

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Records Check By: _____ Record is: _____ Clear _____ Not Clear

If not clear indicate reason:

Date Record was checked: _____

References Checked By:

Date:

Application Sent to the following units:

UNIT	STAFF MEMBER	DATE SENT	DATE RETURNED
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CONTACT LOG:

DATE:

RESULT:

YOU MAY MAIL, EMAIL OR FAX APPLICATION TO:

Lisa Durbano, 720-913-9181 or email: lisa.durbano@denverda.org

Denver DA's Office, 370 Seventeenth St., Suite 5300, Denver, CO 80202



Date: _____

RE: Pre-employment Background Investigation

I authorize any employee or representative of the Denver District Attorney's Office to search N-DEX to obtain information regarding my qualifications and fitness to serve as an Intern. I understand that N-DEX is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in N-DEX may be used for the official purpose of conducting a complete employment background investigation.

I also understand that any information found in N-DEX will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release the Denver District Attorney's Office from any liability or damage that may result from the use of information obtained from N-DEX.

Furthermore, I understand that the background investigation will include inquiries pertaining to my employment, education and criminal history, and any information relevant to my character and reputation. I am aware that my fingerprints will be submitted to the Federal Bureau of Investigation (FBI) for a criminal records check. If I disagree with the results provided by the FBI, it is my responsibility to change, correct or update the FBI Identification Record as set forth in Title 28, C.F.R., Section 16.34.

By signing this form, I am acknowledging that I have received notice and have provided consent for the Denver District Attorney's Office to use this information to conduct such a background investigation, which may include the searching of N-DEX, criminal justice databases, private databases and public databases.

Date of Birth: _____

SSN#: _____

Signature

Date

Printed name