



STATE OF UTAH
OFFICE OF THE ATTORNEY GENERAL

INTERNSHIP APPLICATION

1. All applicants must submit a complete application packet by the appropriate deadline for the sought internship session. Please include:
 - Cover Letter
 - Internship Application
 - Current Resume, including three references
 - Two Letters of Recommendation
 - Current Transcript from your University or College
 - Three-page Writing Sample
2. The application packet may be submitted by U.S. Mail, facsimile, or as a PDF attachment in an email.
 - Applications may be faxed to (801) 538-1121 ATTN: Katherine Rhodes or mailed to Intern Program
Office of the Attorney General
ATTN: Katherine Rhodes
350 N State Street Suite 230
Salt Lake City, UT 84114
 - Applications may be emailed as a PDF attachment to krhodes@utah.gov. Subject line should please read "Internship Application."
3. Incomplete applications will not be considered. Please review your items thoroughly prior to submission.

****Note:** Please be aware that the Office conducts a background check on all applicants. By submitting this application, you authorize the Office of the Attorney General to conduct a preliminary background screening for work purposes.

Please type or print using black ink.

PERSONAL INFORMATION

Full Name: _____

College Resident Address: _____

Permanent Address: _____

Email Address: _____

Phone number(s) at which you can be easily reached: _____

Resident of Utah? Yes No

Date of Birth: _____

AVAILABILITY

Please indicate the term in which you are interested.

Winter/Legislative Session (Generally January-March)

Summer (Generally May-August)

Fall (Generally September-December)

Are you available to work at least 20 in-office hours a week? Yes No

If no, please state how many hours you are available per week. _____

Please indicate your availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

EDUCATION INFORMATION

Current College or University (Name, City State): _____

Expected Graduation Date: _____

Major: _____ Minor: _____

Are you seeking academic credit for your Internship: Yes No

If you would like to receive academic credit for your internship, you must arrange this with your academic advisor.

If Yes:

Name of Advisor: _____

Advisor's Telephone #: _____

Number of Hours you must complete for credit: _____

Hours per week you must work for credit: _____

Placement deadline: _____

Division Preference (For Summer and Fall Internships Only). Please indicate the five divisions which hold the most interest for you. We cannot guarantee placement in your preferred divisions, but we will do what we can. For more information on our divisions, please visit our website.

Civil

- ___ Education
- ___ Environment & Health
- ___ Highways & Utilities
- ___ Litigation
- ___ Natural Resources
- ___ State Agency Counsel
- ___ Tax & Financial Services

Criminal

- ___ Child Protection
- ___ Child & Family Support
- ___ Commercial Enforcement
- ___ Justice
- ___ Markets & Financial Fraud

Appeals

- ___ Civil Appeals
- ___ Criminal Appeals

SKILLS & ABILITIES (check the appropriate areas)

Computer knowledge:

- Microsoft Word
- Microsoft Excel
- PowerPoint
- Internet Research
- HTML

Legal Knowledge:

- Writing
- Legal Research
- Briefs
- Draft Pleadings
- Westlaw
- LexisNexis

General:

- Public Speaking
- Bilingual
- Typing _____ wpm

ESSAY AND NARRATIVE INFORMATION

Why do you want an internship placement with the Utah Attorney General's Office?

Please state why you would be a good representative of the Utah Attorney General's Office:

What would you contribute to the Intern Program?

What do you consider your most significant accomplishment? Why?

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING THE SPACE PROVIDED.

1. I understand that I am applying for an unpaid internship.
2. I hereby certify that the statements on this application, as well as those on any attachment(s) to this form, are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will lead to the rejection of my application and/or immediate dismissal from the program.
3. I authorize you to communicate with my former employers, schools, officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.
4. I understand that the action of submitting this application gives my permission to the Office of the Attorney General to conduct a preliminary background screening for work purposes.

Applicant's Signature

Date