

**Clark County District Attorney's Office
Internship Application**

Law School

Please attach a copy of your most recent law school transcripts.

Law School Attending _____

Class Year (please circle one) 1L 2L 3L

Current Class Standing _____

Have you participated in any trial advocacy classes, moot court competitions, or mock trial competitions during law school? Yes No

If yes, please describe in detail the extent of your experience.

Are you a member of any law reviews or law journals? Yes No

If yes, please describe the process of becoming a member, what your position is, and list any articles you have written.

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Work Experience

Please list any work experience, whether volunteer or paid, for the past five years starting with the most recent. If you need additional space, an attachment page may be used.

Employer _____

From ____/____/____ To ____/____/____ Hour Worked Per Week _____

Job Duties:

Employer _____

From ____/____/____ To ____/____/____ Hour Worked Per Week _____

Job Duties:

Employer _____

From ____/____/____ To ____/____/____ Hour Worked Per Week _____

Job Duties:

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Employer _____

From ____/____/____ To ____/____/____ Hour Worked Per Week _____

Job Duties:

Please Note That All Applicants Will Go Through a Background Check Before Being Offered An Internship Position. Additionally, All Interns Working with the Clark County District Attorney's Office Must Be Fingerprinted. By Signing This Application You Are Consenting To These Requirements.

I hereby certify under the penalty of perjury that the foregoing information contained in this application is true to the best of my knowledge and belief.

Dated ____/____/____

Signature

** Send completed Applications, Transcripts, and Writing Sample to:

Clark County District Attorney's Office
Attn: Nell Christensen
200 Lewis Ave., Third Floor
Las Vegas, NV 89155



**CLARK COUNTY DISTRICT ATTORNEY
BACKGROUND INVESTIGATION
WAIVER & LIABILITY RELEASE**

In consideration of the Clark County, State of Nevada, Office of the District Attorney processing my application for employment, I _____, do hereby irrevocably agree to the following:

1. I understand that a background investigation will be conducted to determine my fitness and desirability as a candidate for employment.
2. I understand that the background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Clark County District Attorney, in its sole discretion, may deem appropriate, including: military, criminal, driving or other governmental files and records; past and present employers, schools, friends, relatives, or acquaintances; and any other sources of information available.
3. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, the Clark County State of Nevada, Office of the District Attorney or any of its officers, agents or employees for any negligent or wrongful statements, acts, omissions made or recorded, in the course of my background investigation.
4. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any person or entity which furnishes information or opinions to the Clark County State of Nevada, Office of the District Attorney as a part of my background investigation.
5. I authorize any person or entity contacted by the Clark County State of Nevada, Office of the District Attorney, during the course of my background investigation, to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
6. I understand the need for confidentiality of sources and information in my background investigation, and I agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Clark County State of Nevada, Office of the District Attorney. This release applies to any cause of action of any nature that might accrue to myself, my heirs and assigns or my personal representative.

Dated this ____ day of _____ 20__.

I HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

Signature

SUBSCRIBED and SWORN to before
me this ____ day of _____,
20__.

Current Address

NOTARY PUBLIC

City, State, Zip Code

Birth Date

Social Security No.