



**Office of the State Attorney
Eighteenth Judicial Circuit of Florida
Brevard and Seminole Counties**

For Internal Office Use Received by:	
_____	_____
SAO Employee	Date

College Intern Application

Intended for use by students seeking unpaid undergraduate college credit clinical internship sponsorship.

***Student Interns are required to coordinate their internship approval process with college advisors. We request that your college advisor submit your application and include information detailing sponsorship requirements for consideration.**

Date of Application ____/____/____

Intern Name _____ Telephone (____) _____ - _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Degree Program Certificate AA/AS BA/BS MA JD Program Emphasis _____

College _____

Address _____
Street City State Zip

Advisor Name _____ Telephone # (____) _____ - _____ Ext. _____

Internship Location Preferences

Brevard County Seminole County

Internship Area(s) of Interest

Juvenile/Youth (P.A.Y.) Office Support
 Criminal Trial Elder Services/Economic Crimes
 Other _____

Duration of internship: Total number of weeks _____ Total number of hours per week _____

Anticipated start date _____
Month Day Year

Briefly discuss your reasons for seeking to intern at the Office of the State Attorney.

PERSONAL DATA

Acknowledgement of understanding of the prerequisites, terms, and conditions of program participation

Prerequisites for consideration as an Intern for the Office of the State Attorney include a formal acknowledgement to maintain confidentiality, acceptable background check results, and an oath of support of the Constitution of the United States and State of Florida. I hereby authorize the release of any information held by parties regarding my prior employment, criminal, credit, driving, and educational history as well as information regarding my general character and reputation. I release persons providing information from any liability for such information and understand that I have certain rights under the Fair Credit Reporting Act and further acknowledge the authority of the Office of the State Attorney to reject my application or terminate participation as an Intern at any time and for any reason.

Name (Please Print) _____

Date of Birth ____/____/____

Driver's License # _____

State Issued _____

Place of Birth City _____

State _____

Social Security Number _____ - _____ - _____

email address _____

Signature _____

Date ____/____/____

EMERGENCY CONTACT INFORMATION

Name _____
Work Phone (_____) _____ - _____
Home Phone (_____) _____ - _____
Cell Phone (_____) _____ - _____

Name _____
Work Phone (_____) _____ - _____
Home Phone (_____) _____ - _____
Cell Phone (_____) _____ - _____

I hereby certify that to the best of my knowledge, all information provided in this application is true and accurate.

Signature of Applicant

_____/_____/_____
Date

<i>Confirmation of Coordination with College Advisor of intent to Intern</i>	
Date _____/_____/_____	
College Advisor Name Printed _____	
College Advisor Signature _____	
Email Address _____	Telephone # (_____) _____ - _____

Please submit completed application for participation in the Office of the State Attorney’s Student Intern Program by mail to:

Office of the State Attorney
Eighteenth Judicial Circuit
Attention: Personnel
2725 Judge Fran Jamieson Way, Building D
Viera, FL 32940