



Commonwealth of Massachusetts

OFFICE OF THE DISTRICT ATTORNEY
PLYMOUTH DISTRICT

VOLUNTEER INTERN APPLICATION

TIMOTHY J. CRUZ
DISTRICT ATTORNEY

166 MAIN STREET
BROCKTON, MA 02301

Academic Status

Expected Graduation Date: _____

Please circle:

UNDERGRAD

LAW STUDENT

Application Term

Please circle:

Fall

Summer

Spring

Year: _____

Personal Information:

Date: _____

Name: _____

Address: _____

E-Mail Address: _____

Day Time Phone: _____ Evening Phone: _____

Are you applying for this position through a school program or for school credit? _____

CORI Investigations and Background checks of all applicants will be conducted. Please complete the following information to allow this Office to begin a background search:

Social Security #: _____ Drivers License #: _____ DOB: _____

Are you a party or witness in any proceeding wherein this Office is involved? _____; If yes, please give details on a separate attachment.

Have you ever been dismissed, asked to resign, or been suspended from any position you have held? _____

If necessary, please give additional details on a separate attachment.

Please list two references (feel free to include additional references with resume):

REFERENCE 1- NAME

REFERENCE 2- NAME

REFERENCE 1- PHONE NUMBER

REFERENCE 2- PHONE NUMBER

Education:

Are you currently enrolled as a student? _____ Where? _____

Year/Level in School/Expected Graduation Date: _____ Current GPA: _____

Please list your educational experiences. Include all High Schools, Colleges, Graduate or Law Schools, or Training Courses attended beginning with the school of current attendance.

Name of School(s) Attended:	Degree Received:	Dates:

Please list any additional educational or personal experiences which may be valuable to the Office in evaluating your application (include previous intern experience within the Office):

List any foreign language(s) in which you are proficient:

List any special computer skills or programs in which you are proficient:

What is your ultimate career goal, and how do you anticipate this internship will help you reach that goal?

What experience or knowledge would you like to gain from your internship?

What skills or qualities do you have that you feel make you a good match for this internship?

Please note your preference of office location:

_____ *Main Office*- 32 Belmont Street, Brockton, MA

_____ *Brockton District Court*- 215 Main Street, Brockton, MA

_____ *Hingham District Court*- 28 George Washington Blvd, Hingham, MA

_____ *Plymouth District Court*- 52 Obery Street, Plymouth, MA

_____ *Wareham District Court*- 2200 Cranberry Highway, West Wareham, MA

For Law Student Applicants Only:

Have you received certification under Supreme Judicial Court Rule 3:03? _____

By signing this document, I acknowledge there is confidential information with the Plymouth District Attorney's Office and I agree not to release any type of information to unauthorized individuals.

SIGNATURE: _____ DATE: _____



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RELEASE FORM

Please read the following carefully before signing it as it contains terms and conditions that affect your application and potential internship.

1. **VERIFICATION:** I verify that all information that I have provided both orally and in documentary form in connection with my application for an internship with the Plymouth District Attorney's Office is true and accurate. I understand that any false or misleading information I furnish in connection with my application for an internship may rescind any contingent offer of an internship or result in my immediate termination, regardless of when discovered.

2. **AUTHORIZATION and RELEASE:** I authorize the Plymouth District Attorney's Office to conduct a complete and thorough investigation of my qualifications for an internship including a CORI Investigation, and a Background check. I release any and all persons and parties connected with any investigation from any and all claims or damages arising from the furnishing of information. I further understand that my offer of an internship is contingent upon satisfactory results of such investigations. I further agree to provide my date of birth and social security number and driver's license number for the sole purpose of conducting background checks.

3. **EMPLOYMENT-AT-WILL:** I understand and agree that my internship is terminable at will. Both the Plymouth District Attorney's Office and I remain free to end our work relationship at any time and for any reason. Further, I understand that nothing in any policies, manuals or similar documents creates an expressed or implied contract of employment.

PRINT NAME

SIGNATURE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER / ISSUING STATE

DATE



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COMPLETED APPLICATION CHECKLIST

- _____ Application
- _____ Signed Release Form
- _____ Resume
- _____ 1 Letter of Recommendation

Please note if any materials will be sent separately.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

PLEASE RETURN COMPLETED APPLICATION TO:

Plymouth District Attorney's Office
ATTN: Internships
166 Main Street
Brockton, MA 02301
Phone: (508) 584-8120
Fax: (508) 586-3578

Applications may be e-mailed to:
Lynn.Mahon@mass.gov