



**DISTRICT ATTORNEY
WILLIAM J. FITZPATRICK
APPLICATION FOR INTERNSHIP**

I, _____ hereby apply to intern in the Office of the
(Print Name)
Onondaga County District Attorney for the period of _____ to _____.

All questions MUST be completed

1) Name: _____

2) Local Address: _____

3) Date of Birth: _____ Social Security No. _____ Telephone No. _____

4) Driver's License Information: License ID# _____ State _____

5) Next of Kin with Address and Telephone Number: _____

6) Any other names used by you in the past? YES NO If yes, what are they? _____

7) College Attending: _____

8) Address of College: _____

9) Is there a Police or Security Department on the campus? YES NO

10) Name of Campus Police/Security Department: _____

11) Campus Police/Security Department Telephone Number: _____

12) Have you ever been convicted of a crime? YES NO If yes, of what and when? _____

13) Do you have any pending criminal charges? YES NO

I understand that I may be dealing with sensitive or confidential information during the time I serve in this Office. I understand that I cannot and will not share or divulge this or any other information regarding any pending, current or past case without the authorization of William J. Fitzpatrick, District Attorney. Any breach of this duty is in violation of New York State Criminal Procedure Law.

In addition, I consent to the District Attorney's Office performing a background investigation. I understand I cannot reveal the identity of witnesses, police officers, nor any facts which would compromise any pending investigation or the operation of the Onondaga County District Attorney's Office.

Any false information provided or violation of these guidelines may result in the revocation of the internship privilege.

I UNDERSTAND I MUST CLEAR THE INVESTIGATIVE BACKGROUND CHECK BEFORE STARTING ANY INTERNSHIP IN THE DISTRICT ATTORNEY'S OFFICE.

Signature: _____ Date: _____

FOR OFFICE USE ONLY: Recommendation: YES NO