



APPLICATION FOR THE ATTORNEY GENERAL'S HONORS PROGRAM

Office of the Attorney General
PL-01 The Capitol, Tallahassee, Florida 32399-1050
Phone: (850) 245-0140 Fax: (850) 487-2564

The Office of the Attorney General is an Equal Opportunity Employer/Affirmative Action Employer

General Information		
Name:		
E-mail:		SSN:
Present Address:		
City:	State:	Zip:
Phone:		Other Phone:
Permanent Address:		
City:	State:	Zip:

Academic Background (list colleges/universities from which you are pursuing, or have received, a degree)		
Law School:		
City:	State:	GPA:
Date degree received or expected:		Class Rank:
Please list all honors or other awards that you received at law school; include a description where necessary:		
Please describe all significant organizations and activities you participated in at law school:		
College/University:		
City:	State:	GPA:
Date degree received or expected:		Major:
College/University:		
City:	State:	GPA:
Date degree received or expected:		Major:

Please list any skills or additional information you would like us to consider in the application process:

Background Information

Are you a U.S. citizen, or legally authorized to work in the U.S.? Yes No

If you answer "YES" to any of the following questions attach an explanation to this application; include the date(s) and location(s) of conviction(s) and the disposition(s):

Have you ever been charged with a criminal offense? Yes No

Have you ever been convicted of a felony or a misdemeanor? Yes No

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a misdemeanor? Yes No

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a misdemeanor? Yes No

Statement of Understanding

If accepted to the Program, I understand that the Honors Program lasts for two years, and if I accept an Honors Attorney position, I intend to stay in the Program for the full two years. However, I understand that the Office of the Attorney General is not promising to employ me for two years, and if offered employment I remain an at-will employee.

I ACKNOWLEDGE THE ABOVE TERMS

Certification

I hereby understand and acknowledge that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for consideration in the Honors Program and, if I am accepted, may be grounds for release from the Program at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the Florida state government for internship purposes. This consent shall continue to be effective during my employment if I am accepted into the Program. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, and made in good faith.

Name: _____
First
Middle
Last

Signature: _____ Date: _____

- Required documentation:
- Cover Letter
 - Writing Sample
 - Application
 - 3 Letters of Recommendation, including 1 from an employer
 - Resume
 - Addendum to Application for Appointment Form
 - Official Transcript
 - Pre-Employment Security Screening Authorization Form