

# Smith County District Attorney's Office

## Attorney Application

Name:			Date of Application:
Address:			Phone:
City:	State:	Zip:	Social Security #:
TX License Date: (mm/yyyy)	TX Bar License Number:		Position Applying For:

May we contact your current employer ( ) Yes ( ) No			Email:
Have you ever been arrested ( ) Yes ( ) No		If yes, please provide the following information:	
Date of Arrest	Charge	Location	Disposition

Have you ever been terminated from or asked to leave any job? ( ) Yes ( ) No  
 If yes, please explain:

### EMPLOYMENT EXPERIENCE

Start with your present or last job. You must include all employers for at least the last ten years. Complete this section even if you submitted a resume. If you need additional space, please continue on another sheet of paper.

Employer:	Phone:	Describe your job duties:
Address:	Supervisor:	
Dates Employed From:                      To:	Reason for Leaving:	
Job Title:		
		Eligible for Rehire? ( ) Yes ( ) No

Employer:	Phone:	Describe your job duties:
Address:	Supervisor:	
Dates Employed From:                      To:	Reason for Leaving:	
Job Title:		
		Eligible for Rehire? ( ) Yes ( ) No

Employer:	Phone:	Describe your job duties:
Address:	Supervisor:	
Dates Employed From:                      To:	Reason for Leaving:	
Job Title:		

**EDUCATION**

	High School	College/Univesity	Law School
School Name			
Degree			
Honors Received			

Other Degrees:

**REFERENCES:**

List three individuals (not related to you) who are familiar with your work-related skills

1. Name	Phone	Describe How Refence Knows You
Address	Years Acquainted	
2. Name	Phone	Describe How Refence Knows You
Address	Years Acquainted	
3. Name	Phone	Describe How Refence Knows You
Address	Years Acquainted	

**GENERAL**

Why do you want to work for the Smith County District Attorney's Office and specifically this position?

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Please describe your career goals:

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I certify that all answers given and statements made in this Application are true and complete to the best of my knowledge. I understand that if I provide false or misleading information or willfully omit information in this Application, on my resume, or during my employment if hired, I may be denied employment or subject to discipline, up to and including immediate termination of employment.

I authorize the Smith County District Attorney's Office to investigate and verify all statements contained in this Application and all data that I provide to the Smith County District Attorney's Office. I authorize all individuals, Educational institutions, and employers named in this Application, except my current employer if noted, to provide information requested about me. I release said individuals, educational institutions, and employers from any and all liability and responsibility arising out of the release or receipt of such information.

I understand that if I am hired, my relationship with the Smith County District Attorney's Office will be at-will, meaning that either I or the Smith County District Attorney's Office may terminate my employment and compensation at any time, for any reason or no reason, with or without cause or notice. I understand that my employment may be terminated without advance notice or liability to me for wages or salary other than that earned by me prior to the termination of my employment. I understand that nothing in the Application or in the granting of any interview or any offer of employment creates a contract of employment or for providing any benefit unless a specific document to that effect is executed by both the Smith County District Attorney's Office and me in writing.

I consent to have a drug and alcohol screening test and understand that it is required as a condition of employment.

I will not resign from my present position until final notification is given by the Smith County District Attorney's Office that I have been accepted for employment. I understand that should I be employed, I must be authorized to work in the United States, and must provide documents to establish my ability to work in the United States.

In the event of employment, I understand that I am required to abide by all policies, rules and regulations of the Smith County District Attorney's Office. Furthermore, I understand that my employment, if any, is not for a stated period.

Signature of Applicant	Date
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