



### Section 3: Applicant Volunteer and Employment History

Please list all volunteer activities and employment past and present. Use a separate sheet of paper if necessary, and attach to the end of this application.

Name of Organization or Employer \_\_\_\_\_  
Dates of involvement \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_

Name of Organization or Employer \_\_\_\_\_  
Dates of involvement \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_

Name of Organization or Employer \_\_\_\_\_  
Dates of involvement \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_

### Section 4: Internship Information

Applications for the Spring and Fall semesters may be accepted on a rolling basis. Spring semester runs January-April and Fall semester runs September-December. Applications for Summer (May-August) may be submitted starting February 1st and will be accepted until April 1st.

Internship Semester: Spring                      Summer                      Fall

Department of interest: Please place a 1, 2, or 3 ranking your preference

- |                                                        |                         |                                   |
|--------------------------------------------------------|-------------------------|-----------------------------------|
| ___ Antitrust (30 hrs per week required during summer) | ___ Consumer Protection | ___ Health/Education              |
| ___ Child Protection                                   | ___ Employment Rights   | ___ Public Safety/Special Revenue |
| ___ Civil Rights/Torts                                 | ___ Energy              | ___ Special Litigation            |
| ___ Collections/Child Support (Bankruptcy)             | ___ Environment         | ___ Transportation                |
|                                                        | ___ Finance             | ___ Workers' Comp/Labor           |
|                                                        | ___ Health Care Fraud   |                                   |

How many hours per week do you plan to intern? \_\_\_\_\_

**Please answer the following questions:**

- 1- Why are you interested in an internship with the Attorney General's Office?

2- What experience do you have that will be beneficial to the Attorney General's Office?

3- What do you want to learn from your experience with the Attorney General's Office?

## Section 5: Rules of Conduct and Conflict of Interest

- Legal interns who wish to appear in court must meet the requirements of Practice Book Section 3-14, et. seq. (Follow this link to read the applicable Practice Book sections) [http://www.ct.gov/csao/lib/csao/Practice\\_Book\\_Interns.pdf](http://www.ct.gov/csao/lib/csao/Practice_Book_Interns.pdf). In addition, legal interns are also bound by the Connecticut Practice Book: Rules of Professional Conduct.
- As an intern, the Attorney General's office (AGO) understands that you may work or have previously worked in different roles outside of this office. Students who now work or have previously worked at a law firm, business, non-profit organization or other state agency must be especially sensitive to actual, apparent or perceived conflicts of interests involving diverse and sometimes conflicting roles. Please bring any concerns about actual or perceived conflicts to the immediate attention of the AGO. Any outside employment or volunteer work must be reported to the AGO so that a determination may be made as to whether or not any real or perceived conflicts exist.

## Section 6: Applicant Certification

Signature Required: By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments (if any), are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal. All statements made on this application, including employment information, are subject to verification as a condition of interning with the Office of Attorney General.

**Applicant signature:** \_\_\_\_\_  
(Signature is required)

**Date:** \_\_\_\_\_

Note: A typed name will substitute for a handwritten signature

Return this application to: Office of the Attorney General  
c/o Suzanne Dunnell  
55 Elm St. Hartford, CT. 06106  
[Suzanne.Dunnell@ct.gov](mailto:Suzanne.Dunnell@ct.gov)