Office of the Attorney General: Internship Application

We appreciate your interest in assisting the Office of Attorney General (OAG). Please complete the following application and submit electronically in PDF format with your resume, a brief sample of your legal or analytical writing and the names of **two** references. See Sec. 4 for deadlines. We will confirm receipt of your submission and will contact you following its review.

Section 1: Applicant Contact Information

_____ _____ _____
Last Name First Name MI

_____ _____
Mailing Address (PO Box # or house number and street) Apartment # if any

_____ _____
City State Zip Code

_____ _____
Cell Phone Home Phone

_____
Email address

Contact preference: Cell phone ☐ Home phone ☐ Email ☐

Section 2: Applicant School Information

Law Student ☐ Graduate Student ☐ Paralegal ☐ Undergraduate ☐ High School ☐

School: _____ Class year: _____

Major(s): _____ Minor: _____

Are you eligible for outside funding (such as a grant, stipend, or work study)? _____

If yes, list contact person/office, phone or email address:

_____

School Field Office or Internship Program Contact: _____

Contact's phone and/or email: _____

Section 3: Applicant Volunteer and Employment History

Please list all recent volunteer activities and employment. Add separate sheets as necessary.

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

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

Section 4: Internship Information

Applications for **Spring** semester (January to May) and **Fal**l semester (September to December) are accepted on a *rolling basis*. Applications for **Summer** (May to August) are accepted between *February 1 and March 15*. Applications are considered as they are received, so students are advised to apply early for any or all programs.

Please consider me for: Fall ☐ Spring ☐ Summer ☐

Time commitment and duties vary by department, and some accept only law students. Please see internship brochure for information and indicate your placement preference: (1, 2, and 3)

___ Antitrust/Govt. Program Fraud
___ Child Protection
___ Civil Rights/Torts
___ Collections/Child Support
___ Consumer Protection
___ Employment Rights
___ Energy
___ Environment
___ Finance
___ Health/Education
___ Public Safety
___ Special Litigation
___ Transportation
___ Workers' Comp/Labor Relations

How many hours per week do you plan to intern? _____

Please answer the following questions:

1- Where did you learn about this internship and what interests you about volunteering with the OAG?

2- What background, experience or skills do you have that could assist the OAG's work?

3- What work experience are you looking for and what would you like to learn from an internship with the OAG?

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. In addition, legal interns are also bound by the Connecticut Practice Book: Rules of Professional Conduct.

- Students who work or have worked previously at a law firm, business, nonprofit organization or other state agency must be especially sensitive to actual, apparent or perceived conflicts of interests. Please disclose any outside employment or volunteer work and discuss with your supervisor any potential conflicts that may arise during the course of your internship.

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 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: _____ **Date:** _____

(Signature is required)

Note: A typed name will substitute for a handwritten signature

Return this application to: Office of the Attorney General
55 Elm Street
Hartford, CT 06106
ATTN: Internship Program
Email: AGInternApplications@ct.gov

Click to Submit Application by Email (from Adobe only)