

Office of the Attorney General: Internship Application

We appreciate your interest in the Office of Attorney General (OAG). Please complete the following application and submit electronically with your resume and a brief sample of your legal or analytical writing in Word or PDF format. We will confirm receipt of your submission and contact you following its review.

Section 1: Applicant Informa	tion		
Last Name	First Name		MI
Mailing Address (P.O. Box or house	se number and s	treet) Apart	ment # if any
City	State	Zip Code	_
Cell Phone:	; Em	ail:	
Please consider me for: Fall	Spring S	Summer	
Section 2: School Information Law Student Graduate Student			graduate High School
School:		Class ye	ear:
Major(s):			
Are you eligible for outside fundin	g (such as a gran	nt, stipend, or v	vork study)?
School Fieldwork Office/Internship	o Program Conta	ıct:	
What languages do you speak:			
Personal reference: (include name	and contact info	ormation)	
Personal reference: (include name	and contact inf	ormation)	

Section 3: Placement Preferences

Time commitment and duties vary by section, and some accept only law students. Please see <u>CT OAG Sections</u> for more information and indicate your top 3 placement preferences with a check:

Antitrust	Child Protection	Child Support & Collections
Consumer Protection	Consumer Advocacy	Employment, Workers' Compensation & Labor
Environment	Financial & Revenue Services	General Litigation
Health & Education	Government Fraud & Healthcare Advocacy	Infrastructure & Economic Development
Privacy	Public Safety	Special Litigation

The type of work varies in each Section. Please indicate the areas that you would like to explore.

Appellate Advocacy	Communications	Constituent Affairs
Defensive litigation	Discovery/eDiscovery	Enforcement & Public Protection
Government Administration	Investigation	Policy Development

How many hours	per week do vou	plan to intern?	
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Do you have any school, grant, or work study deadlines or hours requirements we should know?

Section 4: Supplemental Information

	Please ansv	wer the follo	wing question	s. Be specific a	s possible:
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	Where did you learn about this internship and why are you interested in 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?
4-	Please describe your interest, experience, and/or coursework that would be relevant to the three Sections you selected for placement.

Section 5: Rules of Conduct and Conflict of Interest

OAG interns are subject to the Code of Conduct for Public Officials and State Employees.
 All interns will be required to sign a confidentiality agreement, ethics policy
 acknowledgement and computer usage agreement, among other forms, during an
 orientation prior to beginning work in the OAG. Legal interns are also bound by the
 Connecticut Practice Book: Rules of Professional Conduct. Law students who wish to
 become certified legal interns must meet the requirements of Practice Book Section 3 14, et. seq. The Practice Book can be accessed on the Judicial Department website.

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

Required Documents:

- Completed OAG internship application form
- Current resume
- Short legal or analytical writing sample

Return this application to: <u>AGInternApplications@ct.gov</u>