



# OFFICE OF CRIMINAL CONFLICT AND CIVIL REGIONAL COUNSEL

FIRST REGION

General Information		
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Please select the academic term for which you are applying: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
Please select the internship you are applying for from the drop-down menu: Choose an item.		
Academic Background		
Law School:		
Location:	Current year:Choose an item.	Degree Date:
Background Information		
Are you a U.S. citizen authorized to work in the U.S?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony or first-degree misdemeanor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes what charges?		
Where convicted:		Date of Conviction:
Have you ever pled Nolo Contendere or pled guilty to a crime which is a felony or first-degree misdemeanor?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes what charges?		
Where convicted:		Date of Conviction:
Have you ever had the adjudication of guilt withheld for a crime which is a felony or first-degree misdemeanor?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes what charges?		
Where convicted:		Date of Conviction:
<p>I am aware that any omissions, falsifications, misstatements or misrepresentation above may disqualify me for consideration in the 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 Florida State government for purposes related to internship or volunteer opportunities within the Office of Criminal Conflict and Civil Regional Counsel, Region 1. This consent shall continue to be effective during my internship or period as a student volunteer if I am accepted. I certify that to the best of my knowledge and belief all the statements contained herein, and any attachments are true, correct, and made in good faith.</p>		
Signature:		Date:

Please also submit a resume and documentation needed by your academic advisor if your internship is for academic credit on the application portal.