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| --- |
| New Law Clinic LOGO**Law Clinic Internship** |
| 1. **Full legal Name:** |  |  |  |
|  | Last Name  | First | Middle |
| 2. **Home number:** |  |       | **Cell Phone:** |  |  |
| 3. **Street Address:** |  |
|  |  |  |  | **4**. E-mail**:**  |  |
|  | City | State | Zip |  |
| **5. Major:** **Minor:**  | [ ] **Class standing:**  |
|  |
| **6**. **Work Experience:** Start with the most recent work experience. Describe all traditional, military and voluntary work experience. Describe your knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying.  |
|  |
| **7**a. Job Title |  |  | Job Duties: |
|  Employer Name |  |  |
|  Employer Address |  |  |
|  |  |  |
|  |  | Phone |  |  |
|  |  |
|  Supervisor / Manager |  |  |
|  Title |  |  |
|  Final Salary |  |  |
|  Dates (Month/ Year) |  | To |  |  | Reason for leaving |
|  Hours/week |  |  |
|  |  |  |  |
| **8b**. Job Title |       |  |  Job Duties:      |
|  Employer Name |       |  |
|  Employer Address |       |  |
|  |       |  |
|  |       | Phone |       |  |
|  |  |
|  Supervisor / Manager |       |  |
|  Title |       |  |
|  Final Salary  |       |  |
|  Dates (Month/ Year) |       | To |       |  | Reason for leaving      |
|  Hours / Week |      |  |
| **9**. **Job Skills:** Use the following space to provide any additional information that you think would be helpful in our evaluation of your job application. This can include specialized training, seminars, workshops, accreditations, special achievements or valuable skills: |
|  |  |
|  |
|  |
| **10**. **References:** |
| List the full name, address, phone number and relationships of up to three persons that you’d like to use as a reference: |
|  | Full Name | Address | Phone Number | Relationship |
|  |  |  |  |  |
|  |  |  |  |  |
|  |       |       |       |       |
|  |
| **11**. **Prior Convictions:** |
| **11a.** Have you ever been convicted of any violation of law, including moving traffic violations: [ ]  Yes No  If yes, then please provide the following: |
| Describe the Offense :  |       |
| Statute / Ordinance (if known):  |       Date of Charge:      ; Date of Conviction      |
| County, City, and State of Conviction: |       |
|  |
| 12. **Work Start Date**: When will you be available to start work? If you are available as soon as you’ve given two week’s notice, then no dates are necessary. |
|  |  | Month |  | Day |  | Year |
| 13. **Job Application Certification:** |
| I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification of this information may result in my forfeiture of employment.I understand that all information on this job application is subject to verification. I also agree that you may contact listed on this application. |
| Dated |       | Job Applicant Signature |  |

Submit your application, class schedule, a short essay of no more than 500 words of why you want to participate as an intern, **and** resume to: lawclinic@ucmerced.edu