



# **NEWS RELEASE**

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OFFICE OF ATTORNEY GENERAL ALAN WILSON  
STATE OF SOUTH CAROLINA

For Immediate Release  
February 20, 2013

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## **2013 Summer Internship Application**

**COLUMBIA, SC** - The South Carolina Attorney General's Office offers a non-paid, volunteer internship program for students enrolled in an undergraduate or graduate program at an accredited academic institution or recent graduates. Interns will have an opportunity to gain hands-on knowledge of the Office while conducting research, providing administrative support, and attending court hearings, depositions, or trials as schedules permit. Interns must volunteer a minimum of 12 hours per week. Law students seeking internship opportunities should apply through the Law Clerk Program.

### **Application Process:**

**The Office will accept application from March 1, 2013, until 11:59 pm on March 24, 2013. No applications will be accepted after the deadline.**

Interested applicants must submit the following:

1. State of South Carolina employment application  
[PDF File of State Application](#)
2. Cover Letter addressed to Katie Elliott, Human Resources Manager
3. Resume
4. [Background Check Release Form](#)

Applicants should upload each document to the Attorney General's Office website using the form below. All documents should be in pdf format saved with the following document titles:

- LastName\_FirstName\_Resume
- LastName\_FirstName\_Coverletter
- LastName\_FirstName\_Application
- LastName\_FirstName\_Background

***Applications not submitted in pdf format will not be considered. All documents must be uploaded at one time. Applicants will not have an opportunity to save a portion of their application and return later to submit the remaining documents.***

All applicants are required to submit to standard background checks that include a criminal history check, driver's license check, and a drug screening. Interns assigned to the Prosecution/State Grand Jury Section are required to

complete and pass a more extensive background check and take an oath of secrecy. Interns so sworn must keep the confidence of the state grand jury and not disclose the testimony of a witness or other evidence received by it to anyone except as authorized by law. Interns must maintain confidentiality even beyond the duration of their employment with this Office.

**The Office will begin accepting applications according to the following schedule:**

Fall: June 1, 2013 through July 1, 2013

Spring: October 14, 2013, through November 3, 2013

*Upon the end of the internship, the Office can make no obligation to hire interns as permanent or non-permanent employees. All interns serve at- will.*

## AUTHORIZATION AND RELEASE

As an applicant for a permanent, contract, volunteer, intern or any other position with the S.C. Attorney General's Office, I understand that:

Before any employment or assignment is offered, I must submit upon request to a urinalysis and/or blood test for illegal drug use or abuse.

Before any employment or assignment is offered for attorney applicants, I must agree to a grievance and discipline check from the Commission on Lawyer Conduct and I must provide a copy of my South Carolina Bar Association membership card.

Before any employment, I must submit an official copy of my high school or college transcript or a copy of my diploma.

Before any employment is offered, the SC Law Enforcement Division (NCIC, SC Driver's License), the SC Department of Revenue and Taxation, and a credit check will be conducted. As part of those background check investigations, I authorize the release of any documents to include any and all tax information, to the Attorney General's Office.

If employed, I may be required to submit to random drug testing or testing when there is reasonable suspicion of drug use. All such testing will be conducted in accordance with the Office Drug Free Workplace Policy.

If employed, I must adhere to the Office Drug Free Policy any violation will result in termination.

If employed, all permanent positions are probationary for at least twelve months during which I must demonstrate my fitness for continued employment.

If employed as a contract, temporary grant, volunteer, intern or other similar position, employment may be ended at any time or based on terms of a signed contract agreement.

If employed, I may be required to submit to polygraph testing in accordance with Office policy.

If employed, I must adhere to all Office policies. Any violation of Office policies including, but not limited to those prohibiting misuse of public property, writing fraudulent checks, breaching the confidentiality of the attorney/client relationship, and others guidelines outlined in the Office Manual may result in termination upon first offense. Similarly, violation of any criminal laws may result in termination upon first offense.

Withholding information or making false statements on this application will disqualify me from employment or, if employed, will result in termination. I also understand that if employed, a S.L.E.D. background investigation may be done periodically in accordance with Office policy.

In making and filing this application for employment, I authorize all persons, firms, officers, corporations, associations, organizations, state and federal agencies, and previous employers to furnish to the South Carolina Attorney General's Office, or any of its authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application, specifically including records in the possession of the South Carolina Law Enforcement Division (SLED).

I agree to these conditions and hereby certify that all answers, statements and information provided by me on this application are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

# STATE OF SOUTH CAROLINA

## EMPLOYMENT APPLICATION

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

### Position applying for:

Job Title \_\_\_\_\_

Agency \_\_\_\_\_ Location \_\_\_\_\_

### Contact Information

Name \_\_\_\_\_ Former Last Name \_\_\_\_\_  
*First Middle Initial Last*

Mailing Address \_\_\_\_\_

Address \_\_\_\_\_  
*City County State Zip Code*

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Notification Preference ☐ Mail ☐ Email

### Other Personal Information

Do you possess a valid driver's license? ☐ Yes ☐ No If yes, provide State and number: \_\_\_\_\_

Expiration date \_\_\_\_\_ Class (check one) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ M ☐ G

Can you, after employment, submit proof of your legal right to work in the United States? ☐ Yes ☐ No \_\_\_\_\_  
 Month and Day of Birth

Are you willing to relocate? ☐ Yes ☐ No If yes, provide counties \_\_\_\_\_

What type of job are you looking for? ☐ Regular ☐ Temporary ☐ Seasonal ☐ Internship

What types of work will you accept? ☐ Full Time ☐ Part Time ☐ Per Diem

What shifts are you available to work? ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends ☐ On Call (as needed)

### Education

High School Name \_\_\_\_\_ Location \_\_\_\_\_ ☐ Diploma ☐ Other (specify) \_\_\_\_\_

Give name and address of school, major course of study, and degree achieved.

Undergraduate College/University \_\_\_\_\_ Graduate School \_\_\_\_\_

Degree Attained \_\_\_\_\_ Degree Attained \_\_\_\_\_

Year \_\_\_\_\_ Year \_\_\_\_\_

### Additional Information

Certificates and Licenses \_\_\_\_\_  
 \_\_\_\_\_

Additional Skills \_\_\_\_\_

## STATE OF SOUTH CAROLINA

### EMPLOYMENT APPLICATION

#### Please carefully read the following information:

In addition to evaluating you for the position for which you are applying, the following questions will provide us with statistics needed to evaluate our recruitment program, as well as to prepare statistical reports required by Federal, State and local agencies.

Have you ever been convicted of a criminal offense? ☐ Yes ☐ No

*Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.*

If yes, please list charge(s) \_\_\_\_\_

Where Convicted \_\_\_\_\_ Date \_\_\_\_\_ Disposition/Status \_\_\_\_\_

Are you currently employed by the State of South Carolina? ☐ Yes ☐ No If yes, which agency? \_\_\_\_\_

Do you have any relatives employed with the State of South Carolina? ☐ Yes ☐ No If yes, please provide name(s), relationship, and agency below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Agency \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Agency \_\_\_\_\_

Have you ever been terminated or forced to resign from any job? ☐ Yes ☐ No If yes, please explain below.

Will you need reasonable accommodations to participate in the selection procedures (e.g., interview, written tests, or job demonstration)? ☐ Yes ☐ No

If yes, contact the human resources office of the agency for which you are applying.

State agencies are actively supporting the Family Independence Act by hiring welfare and food stamp recipients for certain jobs. Are you currently receiving AFDC benefits or food stamps? ☐ Yes ☐ No

Gender: ☐ Female ☐ Male Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Ethnicity: ☐ American Indian / Alaskan Native ☐ Asian / Pacific Islander ☐ White / Non-Hispanic ☐ Black / Non-Hispanic ☐ Hispanic

Student Loan: State Law (59-111-50) prohibits employment with the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

Have you been separated from South Carolina State Government employment as a part of a reduction-in-force within the past 12 months? ☐ Yes ☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and employees of the State of South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of the State to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organization, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Give the name, address, and phone number of two people, not relatives, who are familiar with your work.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

# STATE OF SOUTH CAROLINA

## EMPLOYMENT APPLICATION

### Work History

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide explanation for any gaps in employment. All information in this section must be complete. A résumé may be attached, but not substituted for completing this section. Should you need additional space, copy this page.

1. Name of Present or Last Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No

Job Duties (give details) \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

2. Your Next Most Recent Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No

Job Duties (give details) \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

3. Your Next Most Recent Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No

Job Duties (give details) \_\_\_\_\_

Reason For Leaving \_\_\_\_\_