Seattle City Attorney's Office Internship/Externship Application

Name:			D	Date:	
Address:					
Day Phone: ()	Eve. P	hone: ()	Best Time to	Call:	
Email Address:	ss: Cell phone:				
Emergency Contact Nan	ie and Phone	e:			
Law School:					
Expected Graduation:					
Additional Training:					
Foreign Languages Spok	ten:				
Please state your career	goals:				
Civil Division sections.	Check area	as of interest.			
Employment Law		П Т	orts		
Land Use		G	overnment Affairs	5	
Contracts/Utilities		ΒE	nvironmental Prot	ection	
It is our goal to match your in assigned at the discretion of t		lls with the needs of	this office. However,	specific tasks will be	
The office is open betwee Indicate when you are av		s of 8:00 am and 5	5:00 pm, Monday t	hrough Friday.	
Days: Monday T	uesday	Wednesday to	-	Friday to	
Total Hours/ Week: Expected start date:		(Minimum h	ours for an internsl	hip: 8/week)	

Complete the following if you are expecting to receive course credit.

Professor or contact person: Phone and/or email address:

Why are you interested in an internship/externship in the Civil Division?

Have you ever been convicted of a crime?_	
If yes, when and where?	

How did you learn of this opportunity?

Please attach the following to your application. We are unable to process incomplete applications.

- 1. Letter of interest
- 2. Current resume
- 3. List of three professional references with addresses and telephone numbers
- 4. Writing sample
- 5. Law school transcript

Signature: _____ Date: _____

Please mail, fax or email your completed application materials to:

Seattle City Attorney's Office Attn: Dana Anderson P.O. Box 94769 Seattle, WA 98124-4769 Dana.anderson@seattle.gov (206) 684-7761 Fax (206) 684-8284