



Volunteer / Internship / Work Study Application

Note: This form is to be used to apply for opportunities with the Washington State Office of the Attorney General only. Application information for Attorney and Law Clerk positions can be found on www.atg.wa.gov under Employment/Attorney and Law Clerks.

Name (Last, First, and Middle Initial)

Mailing Address (Include apartment number, if any)

City **State** **Zip**

Phone Number **E-mail Address**

Location Preferences - Please identify the location in which you are interested.

Bellingham	Everett	Kennewick	Olympia
Port Angeles	Pullman	Seattle	Spokane
Tacoma	Vancouver	Wenatchee	Yakima

Divisional Preferences - Please identify the location in which you are interested.

Administration (Admin, Fiscal & IT)	Agriculture & Health
Antitrust	Bankruptcy & Collection
Civil Rights Unit	Complex Litigation
Consumer Protection	Corrections
Counsel for Environmental Protection	Criminal Justice
Ecology	Education
Fish, Wildlife & Parks	Government Compliance & Enforcement
Labor & Industries	Labor & Personnel
Licensing & Administrative Law Public	Natural Resources
Public Counsel	Regional Services
Revenue & Finance	Social & Health Services
Solicitor General	Torts
Transportation & Public Construction	University of Washington
Utilities & Transportation	Washington State University

Education and Training - List college, business school, military training, and other **relevant** education.

Have you graduated from high school or passed the General Education Development (GED) test?

Yes No

Name & Location of School or Training

Month/Year Attended

Type of Degree

Year Awarded

Name & Location of School or Training

Month/Year Attended

Type of Degree

Year Awarded

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Month/Year Attended

Type of Degree

Year Awarded

Employment History

Enter your **most recent position** which you have held and any others that have relevance for the position which you are applying. You may include both volunteer and paid experiences. For volunteer work, 174.3 hours equals one month's of experience.

We intend to contact your previous employer(s) unless you indicate that you would prefer we not do so.

Present or Previous Employer

Dates of Employment

Title of Position Held

Reason for Leaving

Supervisor's Name

Employer's Phone Number

Salary

Hours Worked Per Week

May we contact this employer?

Yes No

Previous Employer

Dates of Employment

Title of Position Held

Reason for Leaving

Supervisor's Name

Employer's Phone Number

Salary

Hours Worked Per Week

May we contact this employer?

Yes No

Previous Employer

Dates of Employment

Title of Position Held

Reason for Leaving

Supervisor's Name

Employer's Phone Number

Salary

Hours Worked Per Week

May we contact this employer?

Yes No

Date and Signature

All answers and statements on this application and any other materials I have submitted to apply for this job are true and complete to the best of my knowledge. I understand that the State may verify this information. Untruthful or misleading answers are cause for rejection of this application or dismissal if employed.

Electronic applications do not require a signature. When submitted electronically, you are confirming that all information is true and complete.

Signature

Date (Month/Day/Year)