

**WAIVER FOR CRIMINAL HISTORY OF INDIVIDUAL APPLYING FOR POSITION
IN THE OFFICE OF THE COMMONWEALTH'S ATTORNEY.**

I, _____, HEREBY WAIVE AND RELEASE MY PRIVILEGES OR PRIVACY ACCORDING TO THE KENTUCKY REVISED STATUTE OPEN RECORDS ACT. I ACKNOWLEDGE THAT AN EMPLOYEE OF THE COMMONWEALTH ATTORNEY'S OFFICE WILL CONDUCT AND REPORT CRIMINAL HISTORY INFORMATION TO COMMONWEALTH'S ATTORNEY, R. DAVID STENGEL.

SIGNATURE

DATE

PLEASE PRINT CLEARLY THE FOLLOWING:

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

RACE/SEX: _____

SUMMER INTERNSHIP APPLICATION

Name: _____ Date: _____

Address: _____

Social Security Number: _____

Telephone Number(s): Home: _____ Work: _____ Cell: _____

College or University: _____ GPA: _____

Years in school: _____ Major: _____

Have you ever been arrested? (If yes, please explain):

Have you ever been convicted of a crime?

What days and times are best for you to be present in the office?

Possible career aspirations:

Interests in the law and/or the criminal justice system:

If you are selected, the lower portion of this form will be completed in the office on your first day.

AGREEMENT TO WAIVE BENEFITS

I, _____, in consideration of being allowed to work in the Office of the Commonwealth's Attorney, to complete an internship, do hereby agree not to hold the Commonwealth's Attorney's Office or the Commonwealth of Kentucky responsible for any worker's compensation claim to which I may be entitled. I am aware that as an intern, with no remuneration from the Commonwealth, I am not officially an employee and as such I am not entitled to said benefits.

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public, State at Large, Kentucky

My Commission Expires: _____