

**OFFICE OF THE
DISTRICT ATTORNEY**

P.O. Box 1748, Austin, TX 78767

Telephone 512/854-9400

Telefax 512/854-9695

MARGARET MOORE
DISTRICT ATTORNEY

MINDY MONTFORD
FIRST ASSISTANT

PLEDGE OF CONFIDENTIALITY

I recognize and understand that the business of the District Attorney's Office is confidential and cannot be revealed to anyone outside the Office. I promise that I will hold in confidence all information, which I may learn that pertains to cases or other official business of the District Attorney's Office. I will not violate the confidential relationships among the District Attorney's Office, its volunteers, related agencies, courts and all parties interviewed. I will not remove any record from the Office without written permission.

I will return all information that I have gathered, together with any printed matter or notations relevant to any and all cases to which I have been assigned, at the close of a case or if my service to the District Attorney's Office comes to an end. This includes returning any identification nameplates, badges or insignia that identify me as an intern or volunteer of the Office.

Signature

Date

Address

() -

Telephone Number

Witness

The State of Texas
County of Travis

KNOWN ALL MEN BY THESE PRESENTS:

That I, the undersigned _____, do hereby authorize a review and disclosure as allowed by law of all records concerning myself to any duly authorized agent of the Travis County District Attorney's Office, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for disclosure as allowed by law of the following records: law enforcement agencies; educational institutions, financial or credit institutional, including records of loans; and employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me.

I certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I also certify that Travis County and the Travis County District Attorney's Office and its employees are released from any liability whatsoever for requesting, obtaining or evaluating information pursuant to this authorization.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Travis County conducts all job inquiries in compliance with the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, Public Law 93-1122, Section 504, and with the provisions of the Americans with Disabilities Act of 1990, Public Law 101-336 [S.933]. Travis County does not discriminate against any employee, applicant for employment, or eligible client based on race, religion, color, sex, age, sexual orientation or handicapped condition.

Print Name

List All Other Names Used/Aliases

Signature

Street Address

Date of Birth (Month/Day)

City / State / Zip Code

Social Security Number

() - _____
Telephone Number

Drivers License Number and State

Witness Signature



PARKING GARAGE REQUEST

Intern Name: _____

Department: **Travis County District Attorney's Office**

Year of Vehicle: _____

Make of Vehicle: _____

Model of Vehicle: _____

License Plate: _____

* Please return your completed application (resume, cover letter, and application materials) in .pdf format via email to tcdaintern@traviscountytexas.gov.

* We must have a signature on all relevant forms to process your application.

* Please make sure to attach a copy of your resume and a cover letter to this application. Your cover letter should explain why you wish to intern at our office and state your availability (start and end dates). Writing samples need only be submitted upon request.