

JusticeMatters

JusticeMatters, Inc. Internship Application

Personal Information				
Date of Application:				
Full Name:		Nickname:		
Address:				
Phone Number:		Email:		
School:		Expected:		
Other Information				
1. How did you hear about JusticeMatters and this internship opportunity?				
2. List dates and describe any prior involvement with JusticeMatters.				
3. Foreign Language Skills		Level of Expertise (check all that apply):		
Languages (other than English):	Conversational	Fluent	Can translate and draft college-level	Can interpret
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are you currently legally permitted to work in the United States? (check one) Yes No

5. Have you ever been involuntarily terminated from employment for failure to perform your job responsibilities or for misconduct? (check one) Yes No

6. Have you ever been charged with or convicted of a crime? (check one) Yes No

	(If yes, please include a separate attachment specifying the specific offense(s) of which you were charged or convicted and providing, for each, the date(s) and a brief explanation. Do not include records that have been expunged, sealed, or impounded. A conviction does not bar you from this position, but may be considered as it relates to the fitness and ability to perform the specific job.)
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Certifications

By submitting this application, I understand that:

- 1. All information I provide is subject to a thorough review and confirmation by JusticeMatters; and
- 2. I may be disqualified for this position if JusticeMatters determines that I have provided any deliberately false, misleading, inaccurate, incomplete, or knowingly untruthful answers to any questions.

I HEREBY CERTIFY THAT ALL OF THE FOREGOING INFORMATION I HAVE SUBMITTED IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature:		Date:	
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