Keith E. Gammage
Fulton County Solicitor-General

LEGAL INTERNSHIP

APPLICATION

FULTON COUNTY OFFICE OF THE SOLICITOR GENERAL
KEITH E. GAMMAGE

Internship Program Application

Academic Status

◯ High School ◯ Undergrad ◯ Graduate Student ◯ Law Student ☐ 1L ☐ 2L ☐ 3L ◯ Other

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Personal Information

Name:_____
First Middle (Maiden Name) Last

Address :_____

Phone: _____ e-mail Address: _____

School:_____ Graduation Date:_____

Are you applying for this position through a school program? ◯ Yes ◯ No

Will you be receiving any school credit for this position? ◯ Yes ◯ No

If receiving compensation or school credit please explain:

_____

_____

FULTON COUNTY OFFICE OF THE SOLICITOR GENERAL
KEITH E. GAMMAGE

For Law Student Applicants Only

Do you have your 3rd Year Practice Act Certification? ◯ Yes ◯ No

Attach a copy of your 3rd Year Practice Act Certification (if applicable).

Are you eligible to apply for a 3rd Year Practice Act Certification? ◯ Yes ◯ No

Please explain why you have selected the Fulton County Office of the Solicitor General for your intership?

FULTON COUNTY OFFICE OF THE SOLICITOR GENERAL
KEITH E. GAMMAGE

Education

Which school do you attend? _____ Current GPA: _____

List the schools you have attended and provide additional required information.				
	Name and Address of school	Years Completed	Dates Attended	Graduation YES or NO
High School				
Colleges or Universities				
Law/Graduate School				

List other formal and special training courses that may be relevant to this position.

List any foreign languages you speak and indicate your proficiency by placing an "X" in the appropriate space.												
Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

Indicate special computer skills or programs you may be proficient in.

List the days and hours you will be available to work between the hours of 8:00AM – 5:00PM.

Day	Start	End
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday*		
Sunday*		

Internship Agreement Form

Please read the following carefully before signing it as it contains terms and conditions that affect your application and potential internship.

VERIFICATION: I verify that all information I have provided both orally and in documentary form in connection with my application for an internship with The Fulton County Office of The Solicitor General is true and accurate. I understand that any false or misleading information I furnish in connection with my application for employment may cause my application to be rejected, any contingent offer of internship to be rescinded, or if already begun immediate termination, regardless of when discovered.

AUTHORIZATION and RELEASE: I authorize The Fulton County Office of The Solicitor General to conduct a complete and thorough investigation of my qualifications for employment including a Criminal and Driving check.

_____ _____

PRINT NAME SIGNATURE

_____

DATE

OFFICE OF THE SOLICITOR-GENERAL

SMART, FAIR AND RESTORATIVE JUSTICE

Carnes Justice Center Building
160 Pryor Street, S.W., Third Floor
Atlanta, Georgia 30303-3477
(404) 612-4800 Main
(404) 730-7121 Facsimile

Keith E. Gammage
Solicitor-General

Georgia Bureau of Investigation Georgia Crime Information Center

CONSENT FORM

I hereby give my consent for the **Fulton County Solicitor General's Office** (Criminal Justice Agency) to receive any Georgia criminal history record information pertaining to me, as authorized under state and federal law for individuals with a criminal justice agency in Georgia.

_____

Last Name **First Name** **Middle Name**

_____

Maiden Name(s)/ Aliases

_____

Address

_____ _____ _____ _____ _____

Sex **Race** **Date of Birth** **Place of Birth** **Social Security No.**

I, _____, give consent to the Fulton County Solicitor General's Office to perform periodic criminal history background checks for the duration of my employment with this office.

_____ _____

Signature **Date**

_____ _____

Agency Designee Signature and Title **Date**

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE WITH THE SUBMISSION OF THIS FORM

GEORGIA DRIVING HISTORY CONSENT FORM

I hereby give my consent for the **Fulton County Solicitor General's Office** to receive a copy of my Georgia driver's history as part of my application for criminal justice employment, or for use relative to the performance of my official duties with the agency.

_____

Last Name **First Name** **Middle Name**

_____
Maiden Name(s)/ Aliases

_____ _____ _____ _____
Sex **Race** **Date of Birth** **Driver's License #**

I, _____, give consent to the Fulton County Solicitor General's Office to perform periodic driving history checks for the duration of my employment with this office.

_____ **Signature** _____
Date

_____ **Agency** _____
Designee Signature and Title **Date**

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE WITH THE SUBMISSION OF THIS FORM

Confidentiality Agreement

I, _____, understand that any and all information that I may read, see, hear, or otherwise learn about while working as an intern of the Office of the Fulton County Solicitor General, is completely confidential. At no time whatsoever am I free to discuss or disclose to any party information that I may learn about while serving in the office. I understand that this agreement is not merely for the time that I am working at the Fulton county Solicitor General's Office, but will continue indefinitely. I agree to comply with confidentiality agreement completely.

This the _____ day of _____, 202__. _____

Signature

FULTON COUNTY OFFICE OF THE SOLICITOR GENERAL
KEITH E. GAMMAGE

Completed Application Checklist

_____ Application

_____ Signed Release Form

_____ Resume

_____ Completed Application

_____ 3rd Year Practice Certificate

(This does not apply for undergraduate, graduate, 1L, or 2L students)

Please return your completed application via email to
kathy.adams@FultonCountyGA.Gov

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: https://www.edo.cjis.gov
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

OFFICE OF THE FULTON COUNTY SOLICITOR GENERAL

Applicant Privacy Rights Notification Policy
Criminal Justice Agency and Governmental/Non-Criminal Justice Agency
Standard Operating Procedure

Subject:

Applicant Notification Policy for Information derived from the Georgia Crime Information Center (GCIC) Criminal Justice Information System (CJIS) network.

Notification:

The Office of the Fulton County Solicitor General conducts or requests fingerprint-based background checks for criminal justice employment through GCIC. Prior to fingerprinting, individuals must complete an application and receive a copy of the Applicant Privacy Rights and the Privacy Act Statement. The Applicant Privacy Rights and Privacy Act Statement are provided to the criminal justice applicant by one of the below options:

- A copy is provided a part of the application packet
- A copy is provided to the applicant at the time of fingerprinting

Once the applicant has read the Applicant Privacy Rights and the Privacy Act Statement, the applicant will sign the Applicant Privacy Rights Notification Signature form stating the notification was received.

The agency will maintain the signed document for the duration of the audit cycle, no less than three years.

Record Challenge/Correction:

If an applicant chooses to challenge the accuracy of the criminal history record or need to correct or update a record, they will be given **thirty (30) days** to do so.

The applicant is notified that the procedures for challenging an FBI record are set forth in 28CFR 16.30 through 16.34 and the procedures for challenging a Georgia record can be found on the GBI website.

The applicants will not be given a copy of the fingerprint-based criminal history record.

The agency is not authorized to release the name-based criminal history record.

Appeal Process:

The applicant is provided an opportunity to appeal an adverse decision based on the criminal history record information provided from the fingerprint-based background check. The procedures for the appeal process are as follows:

1. The applicant will notify the Office of the Fulton County Solicitor General in writing within ten (10) business days of an adverse decision. This notification must include the reason for the appeal and all pertinent information such as documentation or evidence to support the appeal.
2. Submitted information will be reviewed by the Terminal Agency Coordinator (TAC), the Chief Assistant Solicitor or his/her designee, and the fingerprinting personnel if needed.
3. A response will be submitted to the applicant within ten (10) business days of receiving the appeal.

Applicant Privacy Rights
Notification Signature Form

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

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Signature Print Name Date