

**PERSONNEL DATA - ASSISTANT DISTRICT ATTORNEY
SUPERIOR COURTS OF GEORGIA**

NAME: _____ SOCIAL SECURITY #: _____

HOME ADDRESS (Number, Street): _____ (Apartment): _____

CITY, STATE: _____ ZIP CODE: _____ COUNTY: _____

HOME PHONE : (____) _____ OFFICE PHONE: (____) _____

BIRTH DATE: _____ (MUST BE 21 YEARS OF AGE)

ARE YOU A CITIZEN OF THE USA? ____ YES ____ NO

RACE: ____ ASIAN ____ INDIAN ____ OTHER MARITAL STATUS: ____ SINGLE
 ____ BLACK ____ WHITE ____ MARRIED
 ____ HISPANIC ____ MULTI-RACIAL SEX: ____ MALE ____ FEMALE

HAVE YOU EVER BEEN CONVICTED OF A FELONY UNDER LAW OF THIS STATE OR ANY OTHER STATE? YES ____ NO ____

DATE OF STATE EMPLOYMENT: _____ POSITION: _____ JUDICIAL CIRCUIT: _____

MAIL PAYCHECK OR CHECK STUB TO: ____ HOME ____ OFFICE

HOW DO YOU WISH TO BE PAID? BY CHECK ____ BY DIRECT DEPOSIT(MUST COMPLETE REQUIRED FORM) ____

OFFICE ADDRESS (Number, Street): _____ (Suite No.): _____

CITY, STATE: _____ ZIP CODE: _____

IN CASE OF EMERGENCY CONTACT:

NAME	RELATIONSHIP	TELEPHONE	ADDRESS

***LAW SCHOOL EDUCATION**

***THIRD YEAR PRACTICE ACT ____ YES? ____ NO?
(IF YES PLEASE ATTACH ORDER)**

DATES (M-D-YR)		NAME AND ADDRESS OF AGENCY:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:
FROM	TO		

LAW SCHOOL ATTENDED

DATES (M-D-YR)		NAME AND LOCATION OF SCHOOL	GRADUATE		DEGREE
FROM	TO		YES	NO	

***DID YOU PARTICIPATE IN A PROSECUTORIAL CLINIC APPROVED BY THE PROSECUTING ATTORNEYS' COUNCIL? ____ YES ____ NO (IF YES PLEASE FILL OUT THE BELOW INFORMATION AND ATTACH LETTER FROM DEAN OF SCHOOL)**

DATES (M-D-YR)		LAW SCHOOL NAME	NAME OF INSTRUCTOR
FROM	TO		

***LAW SCHOOL GRADUATE CERTIFICATE WORK EXPERIENCE
(PLEASE ATTACH COPY OF COURT CERTIFICATION)
(SUPREME COURT RULES #98-104)**

DATES (M-D-YR)		NAME AND ADDRESS OF AGENCY:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:
FROM	TO		

***INFORMATION SUPPLIED AND CONFIRMED ON THIS SHEET WILL BE USED TO CALCULATE INITIAL PLACEMENT AND TO CALCULATE TIMING OF ELIGIBILITY FOR FUTURE PROMOTIONS.**

ADMITTED TO PRACTICE OF LAW

STATE OR COURT	DATE ADMITTED	MEMBERSHIP NUMBER
STATE BAR OF GEORGIA		
GEORGIA SUPERIOR COURT		N/A
GEORGIA SUPREME COURT*		N/A
GEORGIA COURT OF APPEALS*		N/A

*O.C.G.A. 15-18-21(6) - ADA MUST BE ADMITTED TO PRACTICE BEFORE THE APPELLATE COURTS OF GEORGIA.

WORK EXPERIENCE

PEACE OFFICER OR FORENSIC SCIENTIST EXPERIENCE

(ATTACH COPY OF POST CERTIFICATION WITH POST CERTIFICATION NUMBER)

DATES (M-D-YR)		NAME AND ADDRESS OF AGENCY	IMMEDIATE SUPERVISORS' NAME & TITLE
FROM	TO		

OTHER WORK EXPERIENCE

(INCLUDING MILITARY J.A.G.)

(Use Separate Sheet As Needed)

DATES (M-D-YR)		NAME AND ADDRESS OF EMPLOYER	POSITION AND DUTIES PERFORMED	NAME & TITLE IMMEDIATE SUPERVISOR
FROM	TO			

Are you now or have you been the subject of disciplinary proceedings by a bar organization? _____YES _____NO

If yes, describe in detail the circumstances and results on a separate sheet and attach to application.

As a result of the above, were you disbarred: _____YES _____NO

If yes, give the date of disbarment, and the date reinstated. Attach proof of reinstatement.

I HEREBY CERTIFY UNDER PENALTY OF LAW, THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT ANY KNOWING AND WILLFUL FALSE STATEMENT OR OMISSION ON THIS FORM CONSTITUTES VIOLATION OF O.C.G.A. 16-10-20.

SIGNATURE

DATE