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|  | | | **Office of the District Attorney** |
| **Harris County**, **Texas** |
| Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability. | | | |
| Position: | **PARALEGAL** | |

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| Instructions: Email scanned and **hand-signed** application, resume and official transcript to [paralegalresumes@dao.hctx.net](mailto:paralegalresumes@dao.hctx.net). No electronic or typewritten signatures are permitted. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT** | | | | | | | |  | | | | Date: | | | | | | | |  | | | | | |
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| Last Name | | | | | | | | First Name | | | | | | Middle Name | | | | | Other Last Names | | | | | |
| CURRENT ADDRESS: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| City, State, and Zip: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| PERMANENT ADDRESS: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| City, State, and Zip: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Phone: | |  | | | | | | | | | | |  | Email: | | |  | | | | | | | | |
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| **EDUCATION** | | | | | | Institution Name and Location | | | | | | | | | | Specialty | | Grade Point | | | Rank | |  | |
| HighSchool: | | |  | | | | | | | | | | | | |  | | |  | | |  | |
| Associate: | | |  | | | | | | | | | | | | |  | | |  | | |  | |
| UnderGrad: | | |  | | | | | | | | | | | | |  | | |  | | |  | |
| PostGrad: | | |  | | | | | | | | | | | | |  | | |  | | |  | |
| Other: | | |  | | | | | | | | | | | | |  | | |  | | |  | |

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| **QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | |
| Personal certifications, licenses or designations:       Date: | | | | | | | | | | | | | | | | | | | | |
| Typing/WPM:  PC software applications: | | | | | | | | | | | | | | | | | | | | |
| Have you ever **interned** at a District Attorney’s Office? | | | | | | | | | | | | Yes No If yes, when and with whom? | | | | | | | | |
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| Have you ever **applied** **before** with the Harris County District Attorney’s Office? Yes No If yes, when and with whom interviewed? | | | | | | | | | | | | | | | | | | | | |
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| List people you know who work for theHarris County District Attorney’s Office: | | | | | | | | | | | | | | | | | | | | |
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| List relative(s) employed by theHarris County District Attorney’s Office: | | | | | | | | | | | | | | | | | | | | |
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| List **law enforcement training** orexperience you have had: | | | | | | | | | | | | | | | | | | | | |
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| List **languages** besides English that you speak write fluently: | | | | | | | | | | | | | |  | | | | | | |
| Are you able to work **at least** a 40 hour work week? Yes No | | | | | | | | | | | | | | | | | | | | | |
| Are you legally authorized to work in the United States? Yes No  **LAW VIOLATIONS**  IMPORTANT TO NOTE: Law violations will not necessarily disqualify you from employment consideration. Violations will be evaluated based on factors including the nature and gravity of the offense or conduct, the time that has passed, and the nature of the position.  **Have you ever been arrested, charged, or convicted for any offense anywhere** other than minor traffic violations?  Yes No If yes, please explain each and every occurrence.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you or any of your relatives, friends, or acquaintances **currently charged with a criminal offense or under investigation** for a criminal offense?  Yes No If yes, please explain. | | | | | | | | | | | | | | | | | | | | |
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| **EMPLOYMENT HISTORY** – LIST ALL EMPLOYMENT (do not refer to resume) | | | | | | | | | | | | | | | | | | | |
| **Current** Employer: | | | | | | | Salary: | | Title: | | | | | Yrs: | | | From: | | To:  Present |
| Reference: | | | | | Address: | | | | | | | Phone: | | Email: | | | | | |
| Responsibilities: | | | | | | | | | | | | | | | | | | | |
| If necessary, is it okay to contact current employer? Yes No | | | | | | | | | | | | | | | | | | | |
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| Employer: | | | | | | | Salary: | | Title: | | | | | Yrs: | | | From: | | To: |
| Reference: | | | | | Address: | | | | | | | Phone: | | | Email: | | | | |
| Responsibilities: | | | | | | | | | | | | | | | | | | | |
| Reason for leaving this employment: | | | | | | | | | | | | | | | | | | | |
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| Employer: | | | | | | | Salary: | | Title: | | | | | Yrs: | | | From: | | To: |
| Reference: | | | | | Address: | | | | | | | Phone: | | Email: | | | | | |
| Responsibilities: | | | | | | | | | | | | | | | | | | | |
| Reason for leaving this employment: | | | | | | | | | | | | | | | | | | | |
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| Employer: | | | | | | | Salary: | | Title: | | | | | Yrs: | | | From: | | To: |
| Reference: | | | | | Address: | | | | | | | Phone: | | Email: | | | | | |
| Responsibilities: | | | | | | | | | | | | | | | | | | | |
| Reason for leaving this employment: | | | | | | | | | | | | | | | | | | | |
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| If needed, go to [ADDITIONAL OPTIONAL ATTACHMENT](#MoreWorkHistory) for More Work History |

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| **ACKNOWLEDGEMENT AND SIGNATURE** | | | | |
| **Candor in the Application Process.** I verify that all of the information on this application and on resumes and exhibits submitted to the Harris County District Attorney’s Office is true, correct, and complete. I have not omitted any information sought by the Harris County District Attorney’s Office. I understand that any false, misleading, incomplete or omitted information on this application or in resumes and exhibits submitted to the Harris County District Attorney’s Office will result in ineligibility for employment or termination of employment, whenever discovered. | | | | |
| **Application and Interview Do Not Constitute an Offer.** I understand that neither the acceptance of this application by the Harris County District Attorney’s Office nor the granting of an interview with the Harris County District Attorney’s Office constitute a job offer, an employment contract, or any entitlement to benefits from anyone. No promises regarding employment have been made to me and I understand any such promise or guarantee, if made, is not binding upon the Harris County District Attorney unless made in writing. | | | | |
| **Background Checks and Release of Liability**. I hereby authorize the Harris County District Attorney’s Office to conduct work history, personal reference and criminal history record inquiries to determine my acceptability for employment. I hereby release previous employers and related sources from any legal liability for information they provide regarding my suitability for employment. | | | | |
| **Employment is At-Will.** I acknowledge that no consideration has been furnished to anyone for my employment other than my services. I understand that my employment relationship with the Harris County District Attorney is at-will. | | | | |
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| Date: |  | Applicant Signature  (hand-signed only; no typewritten or electronic signature permitted): |  | |
|  | Applicant Printed Name: | |  | |

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| Interviewer and Date: |

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| **MORE WORK HISTORY** – Additional Optional [Attachment](#AdditionalOptionalAttachment) | | | | | | | | | | | | | |
| Employer: | | | | | Salary: | Title: | | | Yrs: | | From: | | To: | |
| Reference: | Address: | | | | | | | Phone: | Email: | | | | | |
| Responsibilities: | | | | | | | | | | | | | | |
| Reason for leaving this employment: | | | | | | | | | | | | | | |
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| Employer: | | | | | Salary: | Title: | | | Yrs: | | From: | | To: | |
| Reference: | | Address: | | | | | | Phone: | Email: | | | | | |
| Responsibilities: | | | | | | | | | | | | | | |
| Reason for leaving this employment: | | | | | | | | | | | | | | |
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| Employer: | | | | | Salary: | Title: | | | Yrs: | | From: | | To: | |
| Reference: | | Address: | | | | | | Phone: | Email: | | | | | |
| Responsibilities: | | | | | | | | | | | | | | |
| Reason for leaving this employment: | | | | | | | | | | | | | | |
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| Employer: | | | | | Salary: | Title: | | | Yrs: | | From: | | To: | |
| Reference: | | Address: | | | | | | Phone: | Email: | | | | | |
| Responsibilities: | | | | | | | | | | | | | | |
| Reason for leaving this employment: | | | | | | | | | | | | | | |
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| Employer: | | | | | Salary: | Title: | | | Yrs: | | From: | | To: | |
| Reference: | | Address: | | | | | | Phone: | Email: | | | | | |
| Responsibilities: | | | | | | | | | | | | | | |
| Reason for leaving this employment: | | | | | | | | | | | | | | |
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| Employer: | | | | | Salary: | Title: | | | Yrs: | | From: | | To: | |
| Reference: | | Address: | | | | | | Phone: | Email: | | | | | |
| Responsibilities: | | | | | | | | | | | | | | |
| Reason for leaving this employment: | | | | | | | | | | | | | | |
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|  | | **Office of the District Attorney** |
| **Harris County**, **Texas** |
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| **BACKGROUND CHECK RELEASE AND WAIVER** | |

I hereby authorize the Harris County District Attorney’s Office to conduct a background investigation including work history, personal reference and criminal history record inquiries to determine my acceptability for employment, and hereby release the Harris County District Attorney’s Office from any liability arising from the background investigation.

I understand that I must pass the background investigation in order to be considered for appointment in the District Attorney’s Office. If I do not pass the background investigation, I understand that I will no longer be considered for employment.

I understand that if the District Attorney’s Office concludes that there is disqualifying information as a result of a background investigation, if there is an offer of employment it will be withdrawn and I will be subject to immediate dismissal. I also understand that if I falsified or omitted required information, or failed to cooperate with reasonable investigations related to my application for this position, my employment may be terminated.

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NAME (PLEASE PRINT) SIGNATURE (NO TYPING OR ELECTRONIC) DATE

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| **AUTHORIZATION TO RELEASE INFORMATION** |

As an applicant for a position with the Office of the District Attorney, I am required to furnish information for use in determining my qualifications for this position. In this connection, I authorize any individual, firm, corporation, or public agency including any former or current employer to release all information that the individual, firm, corporation, or public agency including any former or current employer may have concerning me, including information of a confidential or privileged nature, and to provide copies of documents as may be required by the District Attorney’s background investigator.

I hereby release you, your organization, or others from liability or damage that may result from providing the information requested. This authorization expires one year after the date signed.

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NAME (PLEASE PRINT) SIGNATURE (NO TYPING OR ELECTRONIC) DATE

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| **BACKGROUND CHECK INFORMATION** |

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| **APPLICANT** | | | | | |  | | | | Date: | | | | | | | |  | | |
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| Last Name | | | | | | | First Name | | | | | | Middle Name | | | | Other Last Names | | |
| CURRENT ADDRESS: | | | | |  | | | | | | | | | | | | | | | |
| City, State, and Zip: | | | | |  | | | | | | | | | | | | | | | |
| PERMANENT ADDRESS: | | | | |  | | | | | | | | | | | | | | | |
| City, State, and Zip: | | | | |  | | | | | | | | | | | | | | | |
| Phone: | |  | | | | | | | | |  | Email: | | | |  | | | | |
| Date of Birth: | | |  | | | Place of Birth: | | |  | | | | | | | |  | | | |
| Social Security Number: | | | |  | | | | | | |  | | | | Driver License Number: | | | |  | |

Issuing State:

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| **Social Media Accounts (include your account name):** | | | | |
| Facebook | | Twitter | Instagram | Other |
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