

Section 3: Placement Preferences

Time commitment and duties vary by department, and some accept only law students. Please see internship brochure for information and indicate your placement preference: (1, 2, and 3)

Antitrust/
Govt Program Fraud

Child Protection

Civil Rights/Torts

Collections/Child Support

Consumer Protection

Employment Rights

Energy

Environment

Finance

Health & Education

Public Safety

Privacy/Data Security

Special Litigation

Transportation

Workers' Comp/
Labor Relations

How many hours per week do you plan to intern? _____

Section 4: Supplemental Information

Please list most recent internships, volunteer activities and employment ***NOT detailed in your resume***. (Include the name of organization or employer, contact information and a brief description of your duties:)

Please answer the following questions. Be specific as possible:

1- Where did you learn about this internship and why are you interested in volunteering with the OAG?

2- What background, experience or skills do you have that could assist the OAG's work?

3- What work experience are you looking for and what would you like to learn from an internship with the OAG?

Section 5: Rules of Conduct and Conflict of Interest

- OAG interns are subject to the Code of Conduct for Public Officials and State Employees. All interns will be required to sign a confidentiality agreement, ethics policy acknowledgement and computer usage agreement, among other forms, during an orientation prior to beginning work in the OAG. Legal interns are also bound by the Connecticut Practice Book: Rules of Professional Conduct. Law students who wish to become certified legal interns must meet the requirements of Practice Book Section 3-14, et. seq. The Practice Book can be accessed on the Judicial Department website.

Section 6: Applicant Certification

Signature Required: By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments are true and complete to the best of my knowledge, and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal. All statements made on this application, including employment information, are subject to verification as a condition of interning with the Office of Attorney General.

Applicant signature: _____ **Date:** _____
(Signature is required)

Note: A typed name will substitute for a handwritten signature

Return this application to: AGInternApplications@ct.gov