



**II. SUITABILITY AND VERIFICATION**

A. IF ANY OF THE FIRST SEVEN QUESTIONS ARE ANSWERED "YES," GIVE THE FULL DETAILS IN AN ATTACHMENT TO THIS APPLICATION.

1. If employed as an Assistant Attorney General, will you have income from any other source? \_\_\_\_\_
2. Do you have any investments, property or financial obligations which might in any way be in conflict with the Office of the Attorney General? \_\_\_\_\_
3. Have you ever been a candidate for, or been appointed to, any elective public office? \_\_\_\_\_
4. Have you ever been disciplined by any segment of the bar, including, but not limited to, any local, district or State grievance authority? \_\_\_\_\_
5. Are any charges now pending against you, either in court or before a grievance committee, or has any such charge been threatened? \_\_\_\_\_
6. Have you ever been subject to deferred adjudication, indictment, conviction, probation or fined for a crime other than a traffic offense? \_\_\_\_\_
7. Have you (personally and/or on behalf of a client) ever been cited for contempt or sanctioned by any judge or court? \_\_\_\_\_
8. Are you presently in good standing with the State Bar of Texas/Supreme Court of Texas?  
**(Note: all candidates offered employment will be required to provide, at their own expense, a current certificate of good standing issued by the Supreme Court of Texas.)** \_\_\_\_\_

B. In making and filing this application for employment. I authorize all persons, firms, officers, corporations, associations, organizations, State and Federal agencies, and institutions to furnish to the Office of the Attorney General or any of its authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application, specifically including the records of grievances in possession of a grievance committee or the general counsel of the State Bar. I further agree that all information received by the Office of the Attorney General may be treated confidentially, and I specifically waive any right to review the statements of reference made to the Office of the Attorney General which become a part of my official file.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Disclosure of your social security number (SSN) is optional. State employees can elect in writing to protect their SSN from public disclosure pursuant to Tex. Gov't Code §552.024; however, this protection does not extend to applicants or non-employees. The agency will use the SSN for tax, payroll, benefit administration, for administrative tracking purposes and for identification of individuals.

You have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023 and 559.004.)

**III. EXTENT AND TYPE OF LEGAL EXPERIENCE**

A. DURING THE 3 YEARS IMMEDIATELY PRECEDING THIS APPLICATION, I HAVE PARTICIPATED IN LEGAL PRACTICE DESCRIBED BELOW TO THE EXTENT AND IN THE CAPACITY INDICATED:

	NUMBER HANDLED (APPROXIMATED) <u>LEAD COUNSEL</u>
1. Cases settled prior to institution of suit or filing of criminal charges.	_____
2. Cases filed on behalf of plaintiffs and/or number of appearances filed on behalf of defendants.	_____
3. Contested pretrial motions submitted.	_____
4. Oral depositions taken.	_____
5. Cases settled after institutions of suit or filing of criminal charges.	_____
6. Juries selected.	_____
7. Jury arguments made.	_____
8. Cases tried to a verdict in a court of record.	_____
9. Cases handled to a conclusion before administrative agencies.	_____
10. Appellate briefs prepared.	_____
11. Oral arguments made in appellate courts.	_____
12. Other. _____	_____

B. Use the following spaces to reflect the major substantive fields in which you have worked (including both civil and criminal practice), indicating an estimate of the percentage of your total experience. You may use the blank space provided to state any other field of law to which you have devoted a substantial amount of time. This listing should reflect the range of your entire career in law practice up to the time of your application. "Experience" includes office practice, administrative law, pre-trial, trial and appellate processes and includes evaluating, handling and resolving criminal and civil controversies both prior to the filing of suit or charges as well as thereafter, regardless of what stage the litigation reached before settlement, dismissal or judgement.

General contract	_____	Business torts	_____
General commercial	_____	Fraud & fiduciary breach	_____
Corporate & partnership	_____	Securities	_____
Construction	_____	Antitrust	_____
Creditor & debtor rights	_____	Wills, estates & trusts	_____
Consumer remedies	_____	Professional liability	_____
Real property & condemnation	_____	Personal injury & death	_____
Intellectual properties	_____	Criminal	_____
Oil, gas & minerals	_____	Family	_____
Administrative	_____	Labor	_____
Taxation	_____	Public interest law	_____
Environmental	_____	Other	_____

**IV. PROFESSIONAL DEVELOPMENT AND PUBLICATIONS**

**A. SEMINARS AND COURSES ATTENDED IN LAST 3 YEARS**

(attach additional sheet, if necessary)

1.

Name of course: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Subject matter: \_\_\_\_\_

Hours attended: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

2.

Name of course: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Subject matter: \_\_\_\_\_

Hours attended: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

3.

Name of course: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Subject matter: \_\_\_\_\_

Hours attended: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

**B. OTHER INVOLVEMENT IN CLE**

Such as teaching a course, participation as a panelist or speaker, or active participation in a professional committee dealing with a specific problem of substantive or procedural law. Give full details below if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. PUBLICATIONS**

Please describe any legal articles or books you have authored, co-authored or to which you have substantially contributed. Include any contributions to law reviews while in school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. PROFESSIONAL ASSOCIATIONS**

List bar and other associations in which you hold current membership and any offices you have held in such organizations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An Equal Opportunity /Affirmative Action Employer

# ATTORNEY APPLICATION SUPPLEMENT

All blanks must be completed before application will be considered.

If necessary use back side of form or additional attachments.

1. Name: \_\_\_\_\_

2. Referred by: \_\_\_\_\_

3. Present or Last Salary: \_\_\_\_\_

4. Minimum acceptable salary: \_\_\_\_\_

## PROFESSIONAL REFERENCES

## CHARACTER REFERENCES

5. List references in the following categories  
(if you have no such acquaintance please indicate):

**A. Attorney**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Briefly explain relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**B. State Official**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Briefly explain relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**C. Judge**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Briefly explain relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. List references in the following categories  
(if you have no such acquaintance please indicate):

**A. Attorney**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Briefly explain relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**B. State Official**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Briefly explain relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**C. Judge**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Briefly explain relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Briefly explain membership or association with professional, civic or other entities that you feel will contribute to your performance with this agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature

Date

(The certification on the last page of the application form applies to information on this supplemental form.)



## APPLICANT EEO DATA FORM

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting No.		2. Social Security No. (Optional - See below)		3. Last Name (Type or Print)      First      MI	
4. Address			City	State	Zip Code
					5. Home Phone ( )
					6. Work Phone ( )
7. Sex <input type="checkbox"/> M - Male <input type="checkbox"/> F - Female		8. Birth Date		9. Ethnic Origin (Mark preferred) <input type="checkbox"/> W - White <input type="checkbox"/> B - Black <input type="checkbox"/> H - Hispanic <input type="checkbox"/> P - Asian/ Pacific Islander <input type="checkbox"/> I - American Indian/ Alaskan <input type="checkbox"/> O - Other	
10. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Orphan of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. How did you find out about this job?					
<input type="checkbox"/> 01 - Other State Employee		<input type="checkbox"/> 06 - Newspaper (Name): _____		<input type="checkbox"/> 11 - Texas Workforce Comm.	
<input type="checkbox"/> 02 - Job Fair		<input type="checkbox"/> 07 - Radio		<input type="checkbox"/> 12 - Other (Specify): _____	
<input type="checkbox"/> 03 - Professional Publication		<input type="checkbox"/> 08 - College/University Career Day			
<input type="checkbox"/> 04 - Recruitment Poster		<input type="checkbox"/> 09 - Human Resource Office			
<input type="checkbox"/> 05 - Television		<input type="checkbox"/> 10 - Agency Internet Web Site			

Disclosure of your social security number (SSN) is optional. State employees can elect in writing to protect their SSN from public disclosure pursuant to Tex. Gov't Code §552.024; however, this protection does not extend to applicants or non-employees. The agency will use the SSN for tax, payroll, benefit administration, for administrative tracking purposes and for identification of individuals.

You have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023 and 559.004.)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date