



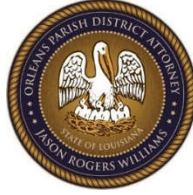
## ORLEANS PARISH DISTRICT ATTORNEY'S OFFICE EMPLOYMENT APPLICATION FORM

### Biographical Information

Full name: <i>(Last, First, M.I.)</i>		Date of birth: <i>(mm/dd/yyyy)</i>	
Home Address:		Driver's License State & No.:	
Phone:			
Email:			
Social Security No.:			
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, are you authorized to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Position Information

Position Desired:	<input type="checkbox"/> Administration <input type="checkbox"/> Assistant District Attorney <input type="checkbox"/> Investigator <input type="checkbox"/> Victim/Witness Advocate <input type="checkbox"/> Diversion Counselor <input type="checkbox"/> Trial Assistant/ Paralegal/ Administrative Assistant <input type="checkbox"/> Law Clerk <input type="checkbox"/> Rule XX <input type="checkbox"/> Undergraduate Intern <input type="checkbox"/> Volunteer Other:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year (yyyy):
If applicable: are you a member of the Louisiana Bar in good standing?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Bar Roll No.: Date of admission or expected admission <i>(mm/yyyy)</i> : Additional explanation (if needed):	



*I certify that the information provided by me above and in any attachments to this application is true and complete to the best of my knowledge. I authorize investigation of all information provided, hereby giving the Orleans Parish District Attorney's Office (OPDA) permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release OPDA from any liability as a result of such contact. I understand that offers of employment may be conditioned on OPDA's receipt of satisfactory responses to reference requests, as well as the provision of satisfactory proof of my identity and legal authority to work in the United States.*

*I agree that the acceptance of this application by OPDA does not create an actual or implied contract of employment.*

**You may sign this application electronically by typing your first and last name in the "Signature" line below. By typing your name, you agree that your electronic signature is the legal equivalent of your manual signature for the purposes of this application.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please email your completed application along with a cover letter, résumé, and a list of three (3) references to: [hr@orleansda.com](mailto:hr@orleansda.com), or mail/hand deliver it to: Orleans Parish District Attorney's Office, ATTN: Human Resources, 619 S. White St., New Orleans, LA 70119.**

### Equal Opportunity Employer

The Orleans Parish District Attorney's Office (OPDA) is an equal opportunity employer. OPDA values a diverse workforce reflective of the communities that it serves. OPDA adheres to a policy of making employment decisions without regard to race, culture, color, religion, sex, sexual orientation, gender identity, national origin, marital status, caregiver status, prior record of arrest or conviction, citizenship, age, or disability. OPDA is committed to complying with all policies required by Title VII of the Civil Rights Act of 1964, as amended; by the Equal Employment Opportunity Act of 1972; Executive Order 11246, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; and by the Americans with Disabilities Act (ADA) of 1990.



## **ORLEANS PARISH DISTRICT ATTORNEY'S OFFICE BACKGROUND INVESTIGATION AUTHORIZATION FORM**

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I, \_\_\_\_\_ (*type or print full name*), am an applicant for employment with the Orleans Parish District Attorney's Office (OPDA), and do hereby authorize review of the full disclosure of all records concerning myself to any duly authorized agent of OPDA in order to determine my eligibility for employment and security clearance.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions and financial or credit institutions, including a credit history; employment and pre-employment records, efficiency ratings, and complaints or grievances filed by or against me; and the records and recollections of attorneys-at-law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had any interest.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by OPDA. I also certify any person(s) who may furnish such information, and I do hereby release said person(s) from any civil liability that may be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though the copy does not contain any original writing of my signature.

**You may sign this authorization form electronically by typing your first and last name in the "Signature" line below. By typing your name, you agree that your electronic signature is the legal equivalent of your manual signature for the purposes of this authorization form.**

Date of Birth  
(*mm/dd/yyyy*): \_\_\_\_\_

Social  
Security No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Date  
(*mm/dd/yyyy*): \_\_\_\_\_