



State Office of Administrative Hearings

300 W.15th Street, Suite 504, TX 78701
Phone 512.475.4993 | Fax 512.936-0769

Law Clerk/Intern Application

Applicants must submit a résumé, current unofficial transcript(s), and a writing sample with this application.

SECTION 1: PERSONAL INFORMATION			
Name			
Current Address			
Permanent Address			
Telephone Number			
Driver's License Number			
Email			
Do you have any relatives who work for SOAH?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, identify name(s) and relationship(s)			
U.S. Military Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
U.S. Military Service Dates	From Date:		To Date:

SECTION 2: REQUESTED CLERKSHIP SCHEDULE					
Date available to begin work:					
Semester:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer		
Proposed clerkship schedule:					
<input type="checkbox"/> Mon	Start Time		End Time		
<input type="checkbox"/> Tues	Start Time		End Time		
<input type="checkbox"/> Wed	Start Time		End Time		
<input type="checkbox"/> Thurs	Start Time		End Time		
<input type="checkbox"/> Fri	Start Time		End Time		



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SECTION 3: EDUCATION						
University/School Name	Dates Attended (Month/Year)			Hours Completed	Graduated (Yes/No)	Degree
	From		To			
	From		To			
	From		To			
	From		To			
	From		To			
Current Status: <input type="checkbox"/> Full-time Student <input type="checkbox"/> Part-time Student <input type="checkbox"/> Other						
Cumulative GPA			GPA Scale			
Class Rank			Class Size			
Are you seeking academic credit for your clerkship? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Advisor Name		Advisor telephone number				
Total number of clerkship/internship hours required for credit:						
Placement deadline:						

SECTION 4: CLASSIFICATION	
<input type="checkbox"/> Law Student	<input type="checkbox"/> 1L <input type="checkbox"/> 2L <input type="checkbox"/> 3L <input type="checkbox"/> Graduated (awaiting bar results)
<input type="checkbox"/> College Student	
<input type="checkbox"/> Graduate Student	
<input type="checkbox"/> Other	

SECTION 5: SKILLS & ABILITIES		
Computer Knowledge <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Internet Research <input type="checkbox"/> HTML	Legal Knowledge <input type="checkbox"/> Legal Writing <input type="checkbox"/> Legal Research <input type="checkbox"/> Brief Writing <input type="checkbox"/> Drafting Pleadings <input type="checkbox"/> Westlaw <input type="checkbox"/> Lexis	General <input type="checkbox"/> Public Speaking <input type="checkbox"/> Foreign Language(s)



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SECTION 6: EXPERIENCE AND INVOLVEMENT (limit: 300 characters per response)

1. Describe what you expect to gain from a clerkship or internship at SOAH.

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2. Identify any experience(s) you have had that could benefit you in a clerkship or internship at SOAH.

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3. Identify any honors or awards you have received.

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4. Identify your community involvement (e.g., volunteering, public service).

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SECTION 7: PROFESSIONAL OR PERSONAL REFERENCES

Name	Address	Telephone Number	Relationship

SECTION 8: EMERGENCY CONTACT

Name	
Address	
Telephone Number	
Relationship	



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SECTION 9: AREAS OF PREFERENCE OR INTERESTS

List areas of law in order of preferences or interests

1.

2.

3.

4.

SECTION 10: MISCELLANEOUS

How did you hear about the SOAH Clerk / Intern Program?

- SOAH website
- Career Fair
- College or University Placement Center / Career Services
- Professor
- Fellow student
- Other (please specify):

BY SUBMITTING YOUR APPLICATION ELECTRONICALLY, YOU ARE INDICATING YOUR UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING:

1. I hereby certify that the statements in this application, as well as those on any attachment(s) to this form, are to the best of my knowledge, true and correct. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from the agency.

2. I authorize SOAH to communicate with any former employer, school, official, or reference. I hereby release all employers, schools, and individuals from any liability for any damage whatsoever resulting from giving information about me.

Sign here to acknowledge understanding and acceptance of these statements.

Signature

Date

Email your application to the SOAH Clerk / Intern Program at: SOAH.HR@soah.texas.gov