

**OFFICE OF THE ATTORNEY GENERAL
COMMONWEALTH OF KENTUCKY**

I understand that my internship with the Office of the Attorney General is contingent upon completion of a background check.

Full Name (Printed)	Social Security Number
Maiden Name or Other Names Used	Date of Birth
Signature	Date

***Background check must be completed prior to beginning internship.**

Authorized by: _____ (Agency Head or Designee)

Position: _____

Proposed start date _____

Please sign and return to:

Maureen Travers, Personnel Administrator
Office of Attorney General
700 Capitol Avenue, Suite 34
Frankfort KY 40601