

Diversity Pipeline Internship Program

2023 Application*

Deadline to submit: May 5, 2023

Farella Braun + Martel LLP is an Equal Opportunity employer.

It is our policy that all applicants be considered solely on the basis of qualification and ability, and that all employees be treated during employment without regard to any individual's gender, race, color, religion, national origin, ancestry, age, marital status, sexual orientation, pregnancy, physical or mental disability, citizenship, veteran status, or any other class protected by federal, state or local law.

*If you use a resume to supplement this application, please also fill in all requested information even though it may also be contained in your resume.



CONTACT INFORMATION								
Last Name:		First 1	Name:				Mic	
Street Address							•	
City:	State: Zip			Zip:				
Primary Telephone No.:	hone No.: Email address:							
	GENER	RAL IN	FORMATION					
Position applied for: Diversity Pipelin	ne Summer I	Intern						
Are you available between from the start date of the program June 19 through its final day July 28?						Yes		No
Between the above two dates, please s (Example: July 5-15)	pecify any da	ates you	are not available:	•			•	
What days/hours are you available to	work?							
Please specify start and end times for:								
Tuesday & Wednesday								
(9 AM – 4 PM)								
	1:1: (`	<u> </u>	1	_	37		N
Have you ever used any other name(s) your employment or education record <i>If yes, please specify:</i>		e) neces	ssary for us to verify			Yes		No
Are you over the age of 18?						Yes		No
If not, and you do not have a GED/HS required prior to your start date.	diploma, a v	alid wo	ork permit will be					
Regular and predictable attendance is reason you would not be able to perfor <i>If yes, please explain:</i>			•	any		Yes		No
Can you preform the essential function description, with or without accommo		as listed	on the attached job			Yes		No
What prompted you to apply here?								
☐ Referral (state name):								
☐ Internship Program:								
Parent (state name):								
☐ Other (specify):								



		EMPLO	YMENT REC	ORD						
Company Name:				Telephone (include area code):						
Address:					Employed	(State Mo	onth and Y	ear)		
1					`	То				
Name, Title and	d Phone Nu	mber of Supervisor:								
Job Title and Work Responsibilities:					Reason for Leaving:					
Company Name:						Telephone (include area code):				
Address:					Employed (State Month and Year)					
2					From		7	Го		
Name, Title and Phone Number of Supervisor: May we contact? ☐ Yes ☐ No Job Title and Work Responsibilities:										
					Reason for Leaving:					
		El	DUCATION*							
			Expected							
School Attended Name/Leas		ocation of School		Cour	so of Study			Overall G.P.A.		
	1\amc/L\	Cation of School	Date		sc of Study	Degree	Earneu	U.I .A.		
					-					
			degree-complet	ion and	grades.					
t any special hon-	ors or achie	evements:								
		SUMM	IARY OF SKI	LLS						
Check only those which you are pro Typing Filing (i.e.: scans	skills in oficient	with and rate your l 1 = Hi 2 = Ca 3 = Li 1 2 3	evel of ability b ighly trained; kr an produce work mited exposure	oy mark now adv x; know	ing the approanced featur	priate bo es; could	х.			
	Company Nam Address: Name, Title and W Company Nam Address: Name, Title and W Address: Name, Title and W Job Title and W Address: Name, Title and W Company Nam Address: Name, Title and W Company Nam Address: Name, Title and W Tybing applicable, transet any special hon Typing Filing (i.e.: scanset)	Company Name: Address: Name, Title and Phone Nu Job Title and Work Respon Company Name: Address: Name, Title and Phone Nu Job Title and Work Respon In the second State of the sec	ease describe any previous employment, including continue in reverse chronological order. If you Company Name: Address: Name, Title and Phone Number of Supervisor: Job Title and Work Responsibilities: Company Name: Address: Name, Title and Phone Number of Supervisor: Job Title and Work Responsibilities: E thool Attended Name/Location of School st High Sch	Company Name: Address:	Company Name: Address: Name, Title and Phone Number of Supervisor: Dib Title and Work Responsibilities: Company Name: Address: Name, Title and Phone Number of Supervisor: May we contact? Yes No Job Title and Work Responsibilities: Name, Title and Phone Number of Supervisor: May we contact? Yes No Job Title and Work Responsibilities: Name, Title and Phone Number of Supervisor: May we contact? Yes No Job Title and Work Responsibilities: EDUCATION*	ease describe any previous employment, including unpaid internships. Begin with you continue in reverse chronological order. If you require additional space, please at Company Name: Company Name:	ease describe any previous employment, including unpaid internships. Begin with your most recontinue in reverse chronological order. If you require additional space, please attach an accontinue in reverse chronological order. If you require additional space, please attach an accontinue in reverse chronological order. If you require additional space, please attach an accontinue in reverse chronological order. If you require additional space, please attach an accontinue in reverse chronological order. If you require additional space, please attach an accontinue in reverse chronological order. If you require additional space, please attach an accontinue in reverse chronological order. If you require additional space, please attach an accontinue in reverse chronological order. If you require additional space, please attach an accontinue in reverse chronological order. If you require additional space, please attach an accontinue in reverse chronologic indicate the contact?	Company Name: Telephone (include area code)		



STATEMENT OF INTEREST Please attach additional pages, if necessary, to complete this section of your application. Why would you like to participate in the Diversity Pipeline Internship Program? What are your academic and/or professional aspirations? What do you hope to gain from this experience?



PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

Please review your form to be sure you have provided an answer to every question you intended to answer.

I certify that the answers given by me to the foregoing questions and statements are true and correct, and I authorize investigation of all information requested or contained in this application and/or in my résumé. I understand that providing any false, misleading or incorrect statements may be cause for denial or termination of my employment and that the Firm shall not be liable in any respect if my employment is so denied or terminated because of false, misleading, or incorrect statements, answers or omissions made by me in this application.

I authorize Farella Braun + Martel LLP to contact any and all of the above professional references and any references listed on the additional page.

If I am employed by the Firm, I agree to conform to the rules and regulations of the Firm. I also understand and agree that, except for my employment-at-will status, my wages, hours, working conditions, job assignment(s), and compensation rate(s) are subject to change by the Firm. I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Firm or at my option. I understand that other than the Executive Committee of the Firm, no manager, supervisor, or other representative of the Firm has authority to enter into any agreement with me for employment for any special period of time, or to make any agreement contrary to the foregoing. Only the Executive Committee of the Firm has the authority to make any agreement with me contrary to the foregoing and then only in writing.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, satisfactory references and a clearance as to any conflicts of interest with the clients of Farella Braun + Martel LLP.

Signature:		
Date:		