**UNIVERSITY LANDS SYSTEM (ULS) SUMMER 2020 INTERNSHIP APPLICATION**

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| PERSONAL INFORMATION |
| Name: SSN:  (Last) (First) (Middle) |
| Address: (Current)  (Street) (City) (State) (Zip) (Permanent)  (Street) (City) (State) (Zip) |
| Phone(s): (Home) Driver’s License:  (State) (Number) (Work) Email Address:  (Cell)  |
| Have you ever worked for the State of Texas? □ Yes □ No |
| Do you have any relatives that work for the State of Texas or for ULS? □ Yes □ NoIf yes, list name(s) and relationship(s) and agency name |
| Do you have any relatives on the Council of the Oil, Gas & Energy Resources Law (OGERL) Section of the State Bar of Texas? □ Yes □ NoIf Yes, list name(s) and relationship(s) |
| U.S. Military Service? □ Yes □ No Dates From To |
| Have you ever been or are you currently subject to any disciplinary action by any institution or entity, including but not limited to, any educational institution or law enforcement agency? □ Yes □ NoIf so, please describe: |
| EDUCATION  |
| COLLEGES ORUNIVERSITIES(Name and Location) | Dates Attended | Number of Semester Hours Completed | Graduated | Degrees Received(B.A., etc.) | Major Field of Study |
|  | From |  | To |
| Mo. | Yr. | Mo. | Yr. | Yes | No |
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| Are you currently a □ Full Time or a □ Part Time Student?Current Law School Status as of February 1, 2020. □ 1st Year Student □ 2nd Year Student □ 3rd Year StudentAre you planning to return to school on a full-time basis in the Fall/Winter Semester of 2020: □ Yes □ NoIf no, explain why:Current Licenses/Certifications/Registrations (indicate types and dated received): |

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| EMPLOYMENT RECORD |
| Please indicate employment history. Start with present or most recent position and work back: (Last) (First) (Middle) |
| Employer:Mailing Address:City, State and Zip: | Type of BusinessImmediate Supervisor:Phone No. |
| Starting Date | Leaving Date | Position Title |
| Mo. | Yr. | Mo. | Yr. |  |
| □ Full Time □ Part Time □ Summer □ Temp./Project | \_\_\_\_\_\_ Average number of hours worked per week if part time |
| Briefly describe your duties and responsibilities: |
| Reason for leaving: |
| Employer:Mailing Address:City, State and Zip: | Type of BusinessImmediate Supervisor:Phone No. |
| Starting Date | Leaving Date | Position Title |
| Mo. | Yr. | Mo. | Yr. |  |
| □ Full Time □ Part Time □ Summer □ Temp./Project | \_\_\_\_\_\_ Average number of hours worked per week if part time |
| Briefly describe your duties and responsibilities: |
| Reason for leaving: |
| Employer:Mailing Address:City, State and Zip: | Type of BusinessImmediate Supervisor:Phone No. |
| Starting Date | Leaving Date | Position Title |
| Mo. | Yr. | Mo. | Yr. |  |
| □ Full Time □ Part Time □ Summer □ Temp./Project | \_\_\_\_\_\_ Average number of hours worked per week if part time |
| Briefly describe your duties and responsibilities: |
| Reason for leaving: |

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| OTHER LIFE AND WORK EXPERIENCES |
| Please describe any other relevant life and work experiences that you believe the Section should consider in evaluating your application: |
| STATEMENT OF INTEREST |
| Describe your motivation for applying for the OGERL Summer 2020 Internship Program and what you expect to gain from participating in this Program, including but not limited to a description of your intent to pursue a career in oil, gas or energy resources law (not to exceed one page): |
| COMMUNITY INVOLVEMENT |
| List all community involvement, offices/positions held or organizations created: |
| SCHOOL ACTIVITIES AND EXTRACURRICULAR ACTIVITIES |
| Please describe your school and extracurricular activities: |
| CERTIFICATION |
| PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED:1. I certify that the information on each page of this application and on any attached documents is true and correct to the best of my knowledge and is given freely of my own will for the purposes of gaining employment with the ULS.
2. I understand that any misstatement or omission of material facts or any false information given to obtain employment promotion or agency benefits shall be grounds for unfavorable consideration or dismissal from employment.
3. I certify that I am authorized by law to work in the U.S. I understand that as a condition of employment I am required to provide legal proof of authorization to work in the U.S.
4. I understand that the ULS may check with the Texas Department of Public Safety, the Federal Bureau of Investigation, or other agencies or sources for any criminal history in accordance with applicable statutes.
5. I authorize the ULS to contact my current/former employers and my educational institution(s) to verify the information contained on this application and authorize my current/former employers and my educational institution(s) to release to the ULS and/or the OGERL Section any information in their possession pertaining to me. A copy of this release will be as valid as the original.
6. I do hereby authorize the Registrar’s Office to release my transcript to the Oil, Gas & Energy Resources Law Section of the State Bar of Texas and/or the ULS.
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|  Application’s Signature |  Date |
| This application should be submitted along with (1) an unofficial copy of the student’s most current law school transcript and (2) the Publicity Release and Liability Waiver via the applicable Law School Career Services department of any Texas law school, or if NOT associated with a law school in Texas, directly via email to internship@oilgas.org.  |
| If you have any questions on how to fill out this form or about the Internship Program of the Oil, Gas & Energy Resources Law Section of the State Bar of Texas, please contact us by email at internship@oilgas.org. |

**2020 SUMMER INTERNSHIP PROGRAM**

**PUBLICITY RELEASE AND LIABILITY WAIVER**

For and in consideration of the Oil, Gas & Energy Resources Law Section of the State Bar of Texas (the “Section”) granting to me the opportunity to apply for the internship and its review and consideration of my application, I agree as follows:

1. I acknowledge that the OIL, GAS & ENERGY RESOURCES LAW SECTION OF THE STATE BAR OF TEXAS INTERNSHIP PROGRAM (the “Internship”) is administered by the Section.
2. I hereby grant permission irrevocably and in perpetuity to the Section to use, adapt, reproduce, distribute or display any information (except personal or family financial information) provided by me or authorized by me to be obtained by the Section (including, but not limited to, my name, photograph, likeness, or statements), in any media whatsoever, in connection with any promotional or marketing purposes of the Section, without compensation, unless required by law.
3. ON BEHALF OF MYSELF AND MY ASSIGNS, HEIRS, DEVISEES AND ESTATE, I HEREBY UNCONDITIONALLY AND FOREVER RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE SECTION, ALONG WITH EACH OF ITS OFFICERS, AGENTS, CONTRACTORS, VOLUNTEERS, OR COUNCIL, COMMITTEE OR OTHER MEMBERS (THE “RELEASED PARTIES”) FROM ANY AND ALL LOSSES, DAMAGES, RIGHTS, CLAIMS, ACTIONS OF ANY KIND, EXPENSES AND LIABILITIES WHATSOEVER ARISING OUT OF OR IN CONNECTION WITH THE REVIEW OF MY APPLICATION, THE GRANTING, DENIAL, REVOCATION, ADMINISTRATION, ACCEPTANCE, POSSESSION, OR USE OF THE INTERNSHIP AND ANY FUNDS RECEIVED THEREFROM, INCLUDING, WITHOUT LIMITATION, PERSONAL INJURIES, DEATH, INDIRECT DAMAGE, AND CLAIMS BASED ON PUBLICITY RIGHTS, DEFAMATION, INVASION OF PRIVACY, DIRECT, INDIRECT, SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES WHETHER IN CONTRACT OR IN TORT, EVEN IF CAUSED BY THE SOLE OR CONCURRENT NEGLIGENCE OR OTHER FAULT OF ANY RELEASED PARTY.
4. This Waiver shall be governed by and shall be construed in accordance with the laws of the State of Texas, and venue in the event of any dispute shall be in Travis County, Texas.

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| Dated  | Signed: Printed Name Address  Phone Email  |
| Witnessed by: | Signed Printed Name  |