



Name:		Date:	How did you hear about us?	
Other Names Used?			Birth Date <i>(do not include year):</i>	
Home #:	Work #:		Cell #:	
Email:		Preferred point of contact:		
Current Address:				
Social Security Number:		Do you have transportation?		
Position Desired:			Date Available:	
Currently Employed:	<input type="checkbox"/> Y <input type="checkbox"/> N	Current Employer:		
If currently employed, is employer aware of your desire to leave?		<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, may we contact them?	
		<input type="checkbox"/> Y <input type="checkbox"/> N		
How many attorneys do you currently support?				
Why are you looking to leave?		How soon would you be available to start?	Highest level of education completed:	
			Place of study:	
Current/Last: \$	(yearly)	Desired: \$	(yearly)	Minimum: \$ (yearly)
Desired Position Type:		<input type="checkbox"/> Perm <input type="checkbox"/> Temp <input type="checkbox"/> Temp-to-Perm		
Preferred work locations (cities/towns):				
Will You Relocate?	<input type="checkbox"/> Y <input type="checkbox"/> N	What Location(s):		
Typing Speed:	wpm	Last tested:		
List any companies you have contacted on your own to avoid any duplicated efforts. <i>Which firms/corporations/personnel agencies have you applied directly to?</i>				
Which firms/corporations/ personnel agencies have you interviewed with?				
Do you have the legal right to work and be employed in the U. S.?		<input type="checkbox"/> Y <input type="checkbox"/> N		
<i>(Proof of identity and legal authority to work in the U. S. is a condition of employment)</i>				
Have you ever been convicted of a crime other than a traffic violation with the last 5 years?		<input type="checkbox"/> Y <input type="checkbox"/> N		
<small><i>(Note: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated, misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)</i></small>		<i>If yes, please explain</i>		

## EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Y <input type="checkbox"/> N	
College				<input type="checkbox"/> Y <input type="checkbox"/> N	
High School				<input type="checkbox"/> Y <input type="checkbox"/> N	
Trade or Other				<input type="checkbox"/> Y <input type="checkbox"/> N	

Legal Ease, LLC is an equal opportunity employer. Legal Ease, LLC does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Complete this section even if you are attaching a resumé.

<b>1</b>	Company Name	Telephone (_____) _____ - _____ <input type="checkbox"/> OK to Contact
	Address	Employed (State Month and Year) From _____ To _____
	Name Of Supervisor	Title
	State Job Title/Describe New Position	Pay Start _____ Last _____
	How did you get this position?	Reason for Leaving

<b>2</b>	Company Name	Telephone (_____) _____ - _____ <input type="checkbox"/> OK to Contact
	Address	Employed (State Month and Year) From _____ To _____
	Name Of Supervisor	Title
	State Job Title/Describe New Position	Pay Start _____ Last _____
	How did you get this position?	Reason for Leaving

<b>3</b>	Company Name	Telephone (_____) _____ - _____ <input type="checkbox"/> OK to Contact
	Address	Employed (State Month and Year) From _____ To _____
	Name Of Supervisor	Title
	State Job Title/Describe New Position	Pay Start _____ Last _____
	How did you get this position?	Reason for Leaving

<b>4</b>	Company Name	Telephone (_____) _____ - _____ <input type="checkbox"/> OK to Contact
	Address	Employed (State Month and Year) From _____ To _____
	Name Of Supervisor	Title
	State Job Title/Describe New Position	Pay Start _____ Last _____
	How did you get this position?	Reason for Leaving

Have you ever been involuntarily discharged/terminated? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, please explain why and which firms?)

## Professional References

Name	Title	Company	Working Relationship to You	Phone Number

The answers to the above questions are true and complete. I understand that any inaccurate information will cause rejection of this application or dismissal. I grant permission to Legal Ease, LLC to check my references and I authorize my references to provide any information to Legal Ease, LLC that they deem appropriate. In consideration for my employment, I agree that my employment and compensation can be terminated with or without notice, for any reason, at any time, at the option of the Legal Ease, LLC or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_