



APPLICATION FOR TEMPORARY AND/OR PERMANENT EMPLOYMENT

Please Complete All Sections

This is an application which we will use to assist in finding employment opportunities for you. Accordingly, it is important that you complete all sections as fully as possible. Please be aware that completion of this application does not guarantee employment or act as a job offer. Thank you for working with us. We look forward to a successful relationship.

Personal Information

Name: _____
 Last First Middle
 Address: _____
 Number and Street City State Zip
 Telephone: () _____ Email Address: _____
 Work Number () _____ Cell or Alternate Number () _____

Position for which you are applying: _____ Salary Expected: \$ _____
 Are you available for work Full-time: Part-time Temporary Date available for work: _____

Have you ever applied for employment at LPI? Yes No
 If yes, indicate month, year, and location: Month: _____ Year: _____ Location: _____
 How did you hear about LPI? _____
 Have you sent your resume or interviewed for other positions in the Washington or Northern Va. area within the last two months? Yes No
 If yes, where: _____
 Would you accept a counter-offer from your present employer? Yes No

- Are you authorized to work in the United States? Yes No
- If employed, can you submit documentation verifying your identity and legal right to work in the United States? Yes No
- Will you in the future require sponsorship to work in the United States? Yes No

Education Background

	Name of School	City	State	Did you Graduate?	Diploma/ Degree	Major/GPA
High School	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
College	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
Post Graduate	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
Specialized Training / Certificate, etc.	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____

Bar Status

State Barred In	Active	In-Active	Date of Admission	Bar Number
1.				
2.				
3.				

Employment History

NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers is critical. Also please explain any gaps in your employment history.

Most Recent Employer

Are you currently working for this employer? Yes No
If yes, may we contact? Yes No

Company Name City State Telephone Fax

Dates Employed From: _____ To: _____ Job Title: _____ Supervisor: _____

Description of work performed: _____

Reason for leaving: _____

Second Most Recent Employer

Are you currently working for this employer? Yes No
If yes, may we contact? Yes No

Company Name City State Telephone Fax

Dates Employed From: _____ To: _____ Job Title: _____ Supervisor: _____

Description of work performed: _____

Reason for leaving: _____

Third Most Recent Employer

Are you currently working for this employer? Yes No
If yes, may we contact? Yes No

Company Name City State Telephone Fax

Dates Employed From: _____ To: _____ Job Title: _____ Supervisor: _____

Description of work performed: _____

Reason for leaving: _____

Prior Temporary Assignment History

As part of our ongoing efforts to provide you with the best assignments possible, please list any companies and law firms that you have worked as a temporary at over the past year (this list does not include the name of agencies which you have worked through).

Company Name	Length of The Assignment	
1.	Weeks:	Months:
2.	Weeks:	Months:
3.	Weeks:	Months:
4.	Weeks:	Months:
5.	Weeks:	Months:

Skills Profile

What do you consider your strongest administrative/technical skill(s)? How many years of experience do you have with each? Please list all software and database (MSWord, WordPerfect, Summation, Concordance, etc.) experience as well as legal work experience, (i.e., cite checking, depositions, Lexis, Westlaw, trial prep, document production, etc.).

Skill:	Years Experience:
Skill:	Years Experience:
Skill:	Years Experience:
Have you prepared for and / or assisted at trial? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, how many times?

Emergency Contact Information

Please provide emergency contact information. This information will be kept confidential and will only be used in the event of an emergency.

Contact Name and Number	Relationship to Applicant

Legal Placements Inc. is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, sexual orientation, age, physical or mental disability, veteran status, genetic information or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a modification or change to a position or workplace that enables an employee to do his or her job despite a disability, provided such an accommodation is requested by the individual and does not pose undue hardship to Legal Placements, Inc. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

MILITARY		
Branch	From	To
Current Rank or Rank at Discharge		
Relevant skills acquired during military service:		

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination of my employment.</p> <p>I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.</p>	
Signature	Date



Reference Request Information

Please Complete All Sections

Below please provide the names of former supervisors who can provide information about your work ability and experience. **Please do not include peers, co-workers or relatives.**

<hr/>		
Name and Title		
<hr/>		
Firm / Company Name		
<hr/>		
Contact Information	Telephone	Email:
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Name and Title		
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Contact Information	Telephone	Email:
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Name and Title		
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Firm / Company Name		
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Contact Information	Telephone	Email:
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Authorization to Release Information

I _____ (print full name), I authorize investigation of all statements contained herein and the references. I authorize the employers listed above to give you any and all information concerning my previous employment. I release Legal Placements Inc. from all liability for any damage that may result from utilization of such information.

Applicant's Signature

Date