



**The National List  
of Attorneys**

**Application for Employment**

<b>First Name:</b>	<b>Last Name:</b>
<b>Maiden Name:</b>	<b>Other Names:</b>
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Email:</b>	<b>Phone:</b>

Position Applied For:
Source of Applicant: <ul style="list-style-type: none"><li><input type="radio"/> Job Service</li><li><input type="radio"/> Bismanonline.com</li><li><input type="radio"/> Referral _____</li><li><input type="radio"/> Other _____</li></ul>
Date you can start:
Looking for: <ul style="list-style-type: none"><li><input type="radio"/> Part -time (_AM or_ PM)</li><li><input type="radio"/> Full-time</li></ul>
Are you available to work Monday – Friday 8 am to 5 pm? <ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> If no, then what hours are you available?
Are you legally entitled to work in the US? <ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input type="radio"/> No</li></ul>
Are you at least 18 years of age?
Do you have a valid driver license? <ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input type="radio"/> No</li></ul>
Have you ever been convicted of a crime?
If this job requires you to travel, are you able to do so? <ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input type="radio"/> No</li></ul>
Community involvement:
Hobbies:
Other qualifications and skills:



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Education

Did you graduate from high school?
Are you attending school now?
If so, where and what courses?

Name of School and Location	Course Study	Degree, Certificate or License

Work Experience (Current or most recent first)

Employer:	Job title:	Dates employed: (Month/Year)
Hours per week:	Last Annual Salary:	Last Supervisor:
Reason for Leaving:	Duties:	May we contact this employer: <input type="radio"/> Yes <input type="radio"/> No

Employer:	Job title:	Dates employed: (Month/Year)
Hours per week:	Last Annual Salary:	Last Supervisor:
Reason for Leaving:	Duties:	May we contact this employer: <input type="radio"/> Yes <input type="radio"/> No

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Hours per week:	Last Annual Salary:	Last Supervisor:
Reason for Leaving:	Duties:	May we contact this employer: <input type="radio"/> Yes <input type="radio"/> No

Business Related References:

Name	Company, city and state	Phone Number
1.		
2.		
3.		



I certify the information contained in this application is true, correct and complete. I understand that if I become employed, false statements reported on this application may be considered sufficient cause for dismissal.

- I agree

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_