



LAST NAME (Please Print)	First	M.I.	Social Security #
Home Phone	Work	Cell/Pager	*Indicate Primary
E-mail Address			Strongest Areas of Legal Experience
Street Address			Apt. #
City			State
Zip Code			
Types of Position interested in:			
1.			
2.			
3.			
To avoid duplicating your job search, please list companies you have contacted on your own or through some other source:			

Additional areas of interest

<input type="checkbox"/> Accountant	<input type="checkbox"/> Admin. Asst.	<input type="checkbox"/> Attorney	<input type="checkbox"/> Clerical	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Docketing	<input type="checkbox"/> Exec. Asst.
<input type="checkbox"/> IT/Help Desk	<input type="checkbox"/> HR / HRA	<input type="checkbox"/> JD	<input type="checkbox"/> Law Student	<input type="checkbox"/> Legal Sec.	<input type="checkbox"/> Library	<input type="checkbox"/> Library Asst.
<input type="checkbox"/> LLM	<input type="checkbox"/> Marketing	<input type="checkbox"/> Office Services	<input type="checkbox"/> Paralegal-Entry	<input type="checkbox"/> Paralegal-Mid	<input type="checkbox"/> Paralegal-Senior	<input type="checkbox"/> Project Asst.
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Records	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Scanner	<input type="checkbox"/> Secretary	<input type="checkbox"/> Secy-Floater	<input type="checkbox"/> Word Proc.

Areas of law you prefer or are interested in gaining experience in:	
Areas of law you do not like?	
Particular firms you are interested in?	
Particular firms you are not interested in working for?	
Firm size you prefer?	How did you hear about us?

Please check areas of law experience:

<input type="checkbox"/> Med. Malpractice	<input type="checkbox"/> Administrative	<input type="checkbox"/> Litigation	<input type="checkbox"/> Patent
<input type="checkbox"/> Intellectual Prop.	<input type="checkbox"/> Immigration	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Energy
<input type="checkbox"/> Labor/Employment	<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Construction	<input type="checkbox"/> Banking
<input type="checkbox"/> Telecommunication	<input type="checkbox"/> Mergers/Acq	<input type="checkbox"/> Trademark	<input type="checkbox"/> Tax
<input type="checkbox"/> Corporate	<input type="checkbox"/> Estates/Trusts	<input type="checkbox"/> Food & Drug	<input type="checkbox"/> Health
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Gov't Contracts	<input type="checkbox"/> Antitrust	<input type="checkbox"/> Environmental
<input type="checkbox"/> Other area of law			

Select your 5 greatest strengths:

<input type="checkbox"/> Ability to prioritize	<input type="checkbox"/> Self Motivated	<input type="checkbox"/> Overtime	<input type="checkbox"/> Phones	<input type="checkbox"/> Production level	<input type="checkbox"/> Scheduling
<input type="checkbox"/> Client Interaction	<input type="checkbox"/> Team Player	<input type="checkbox"/> Computer	<input type="checkbox"/> Typing	<input type="checkbox"/> Sense of urgency	<input type="checkbox"/> Spelling
<input type="checkbox"/> Production level	<input type="checkbox"/> Organization	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Legal	<input type="checkbox"/> Quality of Work	<input type="checkbox"/> Grammar

Preferred Hours	<input type="checkbox"/> Part Time	Willing to go to N. Va?	Georgetown?	DC?	<input type="checkbox"/> Metro (Public trans. only)
<input type="checkbox"/> 8:30-5:00	<input type="checkbox"/> 9:00-5:30	<input type="checkbox"/> 9:30-6:00	<input type="checkbox"/> Evenings/Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
On a scale of 1-10 (1 poor, 10-excellent)			Languages/Skill Level (Read-R, Write-W, Speak-S)		
How well do you work for demanding people? _____			Shorthand Dictaphone		
How are your organizational skills? _____			Your punctuality? _____		
R	W	S	R	W	S
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please check the following areas in which you have experience and indicate how long you have worked in them

<input type="checkbox"/> Blue Booking Yrs _____	<input type="checkbox"/> Cite Checking Yrs _____	<input type="checkbox"/> Sheppardizing Yrs _____	<input type="checkbox"/> Bates Stamping Yrs _____
<input type="checkbox"/> Discovery Yrs _____	<input type="checkbox"/> Document Coding Yrs _____	<input type="checkbox"/> Doc. Production Yrs _____	<input type="checkbox"/> Privilege Review Yrs _____
<input type="checkbox"/> Privilege Log Yrs _____	<input type="checkbox"/> Trial Preparation Yrs _____	<input type="checkbox"/> Trial Experience Yrs _____	<input type="checkbox"/> Shorthand Yrs _____
<input type="checkbox"/> Foreign Filing Yrs _____	<input type="checkbox"/> Docketing Yrs _____	<input type="checkbox"/> Pleadings Index Yrs _____	<input type="checkbox"/> Dictaphone Yrs _____

Please check experience in the following software programs and how long you have worked with them:

<input type="checkbox"/> MS Word Yrs _____	<input type="checkbox"/> PowerPoint Yrs _____	<input type="checkbox"/> Excel Yrs _____	<input type="checkbox"/> Access Yrs _____	<input type="checkbox"/> WordPerfect Yrs _____
<input type="checkbox"/> Westlaw Yrs _____	<input type="checkbox"/> Lexis-Nexis Yrs _____	<input type="checkbox"/> Legal Key Yrs _____	<input type="checkbox"/> Styles Yrs _____	<input type="checkbox"/> Concordance Yrs _____
<input type="checkbox"/> iManage Yrs _____	<input type="checkbox"/> FastNotes Yrs _____	<input type="checkbox"/> Compare Yrs _____	<input type="checkbox"/> PC Docs Yrs _____	<input type="checkbox"/> SoftSolutions Yrs _____
<input type="checkbox"/> Deltaview Yrs _____	<input type="checkbox"/> Carpe Diem Yrs _____	<input type="checkbox"/> DTE Yrs _____	<input type="checkbox"/> Summation Yrs _____	<input type="checkbox"/> Elite Yrs _____
<input type="checkbox"/> CMS Yrs _____	<input type="checkbox"/> People Soft Yrs _____	<input type="checkbox"/> ADP Yrs _____	<input type="checkbox"/> Ceridian Yrs _____	<input type="checkbox"/> Timeslips Yrs _____

Please list all other software programs and special skills or training:

Previous Employment

Present/Last Position

Dates Employed		Position	Company/Firm Name
From (Mo./Yr.)	To		
Ending Salary	Starting Salary	Supervisor	Address
Overtime Salary	Next Raise	Supervisor's Position	Phone Number
Reason for Leaving	Number of People in Company / Number Supervised		Type of Business

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Reason for Leaving	Number of People in Company / Number Supervised		Type of Business

Have you ever been convicted of a felony offense? Yes No (If yes, explain)

Please read carefully

It is our policy to make referrals of employment candidates to employers based on merit only. Our selection process is not influenced by race, sex, religion, color, age, or national origin. I agree to the policy of conducting background reference check and understand that under the Fair Credit Reporting Act I have the right to a disclosure of the nature and substance of any background investigation.

May we contact your current employer?
 Yes No

Signature: _____ Date: _____

Emergency Contact Information:
 Contact Name: _____ Phone: _____ Relationship: _____



REFERENCE REQUEST

GS AP CP SEC GOV

To Be Completed by Applicant

Company Name

Reference Name & Title

Street Address

City, State, Zip Code

Phone Number/ Fax Number

Email (preferred)

I, _____ (print name),
authorize you to furnish Palmer Legal Staffing with my
employment record and any additional information about
my job history and performance that may enable Palmer
Legal Staffing to determine my employment qualifications.
I hereby release both you and Palmer Legal Staffing from
any and all liability for any damage that results from the
disclosure of this information.

Applicant Signature

Employed From _____ To _____

To Be Completed by Employer

Please mail or fax (202.464.1002) the following information about the above named applicant who is currently applying to work with Palmer Legal Staffing. All information provided by you will be completely confidential. We thank you in advance for the information.

Job Title _____ Were you the immediate supervisor? _____

Please check the appropriate skill level of the applicant in the following categories:

	Excellent	Good	Satisfactory	Poor		Excellent	Good	Satisfactory	Poor
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office Etiquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Work on Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of Work Produced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed/Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eligible for Re-hire	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Strong Points _____

Weak Points _____

Additional Comments _____

Signature _____ Title _____ Date _____



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Client Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of Work Produced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Comments _____

Signature _____ Title _____ Date _____



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Strong Points _____

Weak Points _____

Additional Comments _____

Signature _____ Title _____ Date _____