

ALLEN ASSOCIATES, INC

Date:

Please print and fill out both pages

How did you hear of our services?

NAME:	Last	First	Position Desired:	Salary:	Minimum	Desired	Cell Phone:
Full Address:				Email Address:		Business Phone:	
							Other Phone:
							When available for interviews?

Education

Name of School	Location (City & State)	From	To	Grade Avg.	Graduate	Degrees/Major Subjects Studied
High School					Yes <input type="checkbox"/> No <input type="checkbox"/>	
College					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other					Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please check if you have the following skills, experience or background:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Paralegal | <input type="checkbox"/> Corporate Law | <input type="checkbox"/> Patents & Trademarks | <input type="checkbox"/> Compliance |
| <input type="checkbox"/> Legal Secretary | <input type="checkbox"/> Litigation | <input type="checkbox"/> Legal Contracts | <input type="checkbox"/> Legal Billing |
| <input type="checkbox"/> Assistant to In-House Counsel | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Immigration | <input type="checkbox"/> Legal Librarian |
| <input type="checkbox"/> Assistant to a Law Partner | <input type="checkbox"/> Matrimonial | <input type="checkbox"/> Real Estate | Certifications: |
| <input type="checkbox"/> Large Law Firm Experience | <input type="checkbox"/> Family Law | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> CP |
| <input type="checkbox"/> Small Law Firm Experience | <input type="checkbox"/> Estate Planning/Probate | <input type="checkbox"/> E Discovery | <input type="checkbox"/> CLA |
| <input type="checkbox"/> MS Word <input type="checkbox"/> Excel | <input type="checkbox"/> MS Outlook/Calendar | <input type="checkbox"/> PowerPoint | Keyboarding Speed: _____ WPM |
- Legal Softwares: _____

Please list most recent job first ... eliminate temporary jobs unless they were long term

FROM: mth/yr.	Company's Name & Address:	Type of business:	Your Title:	Salary	Reasons for leaving:
				Start:	
TO: month/yr.			Who you reported to:	End:	

For office use only
Hours:
Office:
Benefits:

FROM: mth/yr.	Company's Name & Address:	Type of business:	Your Title:	Salary	Reasons for leaving:
				Start:	
TO: month/yr.			Who you reported to:	End:	

For office use only
Hours:
Office:
Benefits:

FROM: mth/yr.	Company's Name & Address:	Type of business:	Your Title:	Salary	Reasons for leaving:
TO: month/yr.			Who you reported to:	Start:	
				End:	

For office use only

Hours: _____

Office: _____

Benefits: _____

How much time are you willing to spend traveling to work? _____ Are you available to work overtime? _____

Do you need medical benefits? _____ Do you need family medical benefits? _____

What are the most important aspects of the next position you take/company you work for? _____

What duties in your present or last position have you enjoyed most? _____

Least? _____

What do you feel are your strong points? _____

What are your weak points? _____

If an interviewer says "Tell me why I should hire you", what would you say? _____

Briefly list your major accomplishments & /or awards received in your current and past positions: _____

What companies or agencies have you contacted or interviewed with recently? _____

Besides yourself, can you recommend someone who is excellent and looking for a new job?

Name	Job Title	Phone#	Town they are from

I acknowledge that the information given in this application is true. I understand that ALLEN ASSOCIATES, INC. may check references on my background and these references may be presented to prospective employers for evaluation. We will not check current references unless given your ok to do so.

Applicant's Signature: _____ Date: _____

INTERVIEWS For Office Use Only

Company	Job Title	Date	Results

EVALUATION: