

Applicant Name: _____

Period of Employment: From: _____ To: _____	Job Title: _____
Business Name and Mailing Address: _____ _____ _____	
Supervisor's Name and Title: _____	Supervisor's Phone Number: _____
Supervisor's Email: _____	
Employment Type: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Internship/Externship <input type="checkbox"/> Course Credit Received? <input type="checkbox"/> Yes <input type="checkbox"/> No Average Number of Hours per Week: _____	<input type="checkbox"/> Current Employment If not current employment, reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned in Lieu of Termination <input type="checkbox"/> Contract Period Ended
Using this time for LLP Exam Eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a detailed description of responsibilities (please note that a Certification by the Supervising Attorney will be required to verify Substantive Law-Related Employment for eligibility): _____ _____ _____	

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