

ATTORNEY APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and will not discriminate on the basis of race, color, sex, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)				
Last Name	First Name	Middle Name		
ADDRESS	STREET	CITY	STATE	ZIP CODE

Home phone:	Cell phone:
-------------	-------------

Have you ever filed an application with us before?.....yes no
If yes, give date_____

Have you ever been employed with us before?.....yes no

Do any friends or relatives work here?..... yes no
If yes, their name and relationship to you _____

Are you currently employed?.....yes no

May we contact your present employer?.....yes no

Are you a U.S. citizen, or legally authorized to work in the United States? *Proof of citizenship or immigration status will be required upon employment*..... yes no

Can you travel if a job requires it?.....yes no

Do you have any former or pending actions, disciplinary matters or other investigations, including but not limited to State Bar or other professional associations?.....yes no

If your response is Yes, please describe the nature of the matter, its date, status and outcome and attach all pertinent documentation.

Have you ever been convicted of a felony or misdemeanor?..... yes no
If you answered "yes", provide specific information below.

Have you served active duty in the U.S. Armed Forces, or in the last two years worked for the U.S. Government as a civilian or military employee?.....yes no

Brayton ♦ Purcell, LLP

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

--

EMPLOYMENT EXPERIENCE - This section must be completed in full as most of this information is not provided on your resume.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

EMPLOYER	PHONE NUMBER	POSITION
ADDRESS		
SUPERVISOR / TITLE		
DATES EMPLOYED		
FROM	TO	
SALARY		
STARTING	ENDING	
REASON FOR LEAVING		

2.

EMPLOYER	PHONE NUMBER	POSITION
ADDRESS		
SUPERVISOR / TITLE		
DATES EMPLOYED		
FROM	TO	
SALARY		
STARTING	ENDING	
REASON FOR LEAVING		

3.

Brayton ♦ Purcell, LLP

EMPLOYER	PHONE NUMBER	POSITION
ADDRESS		
SUPERVISOR / TITLE		
DATES EMPLOYED		
FROM	TO	
SALARY		
STARTING	ENDING	
REASON FOR LEAVING		

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ yes _____ no

Professional References

(It is not necessary to fill out this section if references have been provided in another form.)

1.

NAME	PHONE NUMBER
RELATIONSHIP	

2.

NAME	PHONE NUMBER
RELATIONSHIP	

3.

NAME	PHONE NUMBER
RELATIONSHIP	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by any authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Printed Name of Applicant