



# LEGAL NETWORK

Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name : \_\_\_\_\_ Address:

\_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Mobile/Pager/Message Number: \_\_\_\_\_

Referral Source: \_\_\_Newspaper\_\_\_Yellow Pages Other agencies registered with: \_\_\_\_\_

\_\_\_Friend - Name: \_\_\_\_\_

Other: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are You 18 Years of Age or Older? \_\_\_\_\_ Salary Range: \_\_\_\_\_

Have you ever been convicted of a crime which involved: driving while intoxicated, theft, deception, dishonesty, violence, false statements, sale, use, or possession of illegal drugs, or criminal or sexual abuse? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

Have you been refused, or do you have any reason to believe you might be refused, a fidelity bond? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

## EDUCATION

Total years of education: \_\_\_\_\_

High School or Technical School: (name, location): \_\_\_\_\_

College (name, location): \_\_\_\_\_

Years Attended: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Did You Graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Other Schools (name, location): \_\_\_\_\_

Years Attended: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Did You Graduate? \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Law School (name, location): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Law Review or Journal: \_\_\_\_\_ Rank: \_\_\_\_\_

**WORK EXPERIENCE**

*List your last three positions beginning with your present or most recent employer.*

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Last Position Title: \_\_\_\_\_ May We Contact Employer? \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Sup. Title: \_\_\_\_\_ Reason for  
Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Last Position Title: \_\_\_\_\_ May We Contact Employer? \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Sup. Title: \_\_\_\_\_ Reason  
for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Last Position Title: \_\_\_\_\_ May We Contact Employer? \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Sup. Title: \_\_\_\_\_ Reason  
for Leaving: \_\_\_\_\_

**EMERGENCY NOTIFICATION**

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ (Work) \_\_\_\_\_  
Mobile/Pager/Message Number: \_\_\_\_\_

**ADDITIONAL COMMENTS/INFORMATION**

(Please use this section for any further explanation or information you wish to supply.)

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**All of my answers on this application are true and complete. I authorize LEGAL NETWORK to check and verify all the information supplied in this application and to contact the references listed.**

**Legal Network considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY COMPANY**

# LEGAL NETWORK

## AUTHORITY TO RELEASE OF INFORMATION

I authorize any duly accredited representative of **LEGAL NETWORK** to obtain any information relating to my employers, licensing agencies or organizations, financial or lending institutions, consumer reporting agencies, or individuals. This information may include, but is not limited to my academic, residential, achievement, professional, performance, attendance, personal history, disciplinary, arrest, and conviction. I direct you to release such information upon request of the bearer.

I further authorize any duly accredited representative of **LEGAL NETWORK** to obtain any information relating to **criminal justice agencies**. This information may include criminal history record and credit information.

I further authorize authority any duly accredited representative of **LEGAL NETWORK** to obtain all information from all medical providers who may provide treatment to me for any on-the-job injury or occupational disease which may incur while in their employ. I release **LEGAL NETWORK** and any individual, including physicians and record custodians, from any and all liability and damages that may that may result to me on account of compliance or any attempts to comply with this authorization.

I understand the information released is for use by **LEGAL NETWORK** and that **LEGAL NETWORK** may redisclose the information released. Copies of this authorization that show my signature are as valid as the original release signed by me.

I further release **LEGAL NETWORK** and any individual, including records custodians, from any and all liability and damages that may result to me on account of compliance, any attempts to amply with this authorization, and the use of any information received through this authorization.

I agree to take a drug test, if requested by **LEGAL NETWORK**.

\_\_\_\_\_  
Signature (sign in ink)

\_\_\_\_\_  
Today's Date (month/day/year)

\_\_\_\_\_  
Full Name printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Any other Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
County of Residences (Last 7 years)

\_\_\_\_\_  
State

\_\_\_\_\_  
County of Residences (Last 7 years)

\_\_\_\_\_  
State

# LEGAL NETWORK

## CONFIDENTIALITY AGREEMENT

I shall preserve the confidentiality of all **LEGAL NETWORK** information, including but not limited to clients, client contacts and client fees.

I shall not disclose confidential information to anyone without appropriate authorization to do so. I shall not use any confidential information for personal or private gain. I acknowledge that to divulge clients' cases or case matters is considered unethical and unprofessional and a violation of the above covenants shall subject me to disciplinary action. Such action(s) may provide grounds for civil liability.

Additionally, I may also be required as a condition of candidacy for client employment, to execute certain client confidentiality agreements in regard to specific work or project assignments.

## MUTUAL AGREEMENT TO ARBITRATE CLAIMS

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation of employment with **LEGAL NETWORK**, *exclusively* by final and binding *arbitration* before a neutral Arbitrator in Dallas County, Texas. By way of example only, such claims include claims under federal, state, and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort. As part of the consideration for my agreement to Arbitrate, I understand that **LEGAL NETWORK** will also settle any and all unasserted claims against me through arbitration.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

## Reference Checks

Legal Network has a duty to our clients to provide the highest quality candidates and to ensure that each of them have good employment history. Therefore, we are required to provide **THREE** references on every person we present to our clients. The references you list **WILL BE CONTACTED** by email or phone. It is mandatory that we complete these references before we can recommend you to our clients. Below are some helpful hints to ensure that the process is completed in a timely manner with a favorable outcome.

- \* Complete the top portion of the reference check form completely. If you do not have all the information requested, take the form with you and fax it back to us when it is completed.
- \* Make sure the people listed as your references are still able to be reached at the numbers you provide. Your references do not have to be currently employed at the company at which you were employed together.
- \* Contact your references and let them know that you are seeking employment and have given their name as a business reference. Make sure that company policy will allow them to talk to us. If necessary, ask for an alternate number at which they would feel more comfortable being contacted.
- \* Letter of reference will be accepted provided that they are dated and a telephone number is supplied for verification.
- \* References are not a substitute for employment verification. Dates of employment and salary may still be verified through the Human Resources department of previous employers.

# LEGAL NETWORK

## REFERENCE CHECK FORM

**Your name:** \_\_\_\_\_

Your title/position at the time employed: \_\_\_\_\_

Name of firm or company where employed: \_\_\_\_\_

**Your reference's name:** \_\_\_\_\_

Title: \_\_\_\_\_

Reference's relationship to you (Supervisor, co-worker, etc): \_\_\_\_\_

Best contact phone number(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Your approval for Legal Network to contact the above named reference:*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Reference Checking Questions:

Did you supervise \_\_\_\_\_'s work? \_\_\_\_\_

His/her resume states the dates of employment as \_\_\_\_\_ to \_\_\_\_\_.  
Is that correct? \_\_\_\_\_

What were some of the specific responsibilities of that position? \_\_\_\_\_

Did that position require much supervision? \_\_\_\_\_

Can you comment on \_\_\_\_\_'s work product? \_\_\_\_\_

Did \_\_\_\_\_ meet all the required deadlines? \_\_\_\_\_

Did he/she have the technical/computer skills required for the position? \_\_\_\_\_

What were some specific strengths that you observed? \_\_\_\_\_

Were there areas that \_\_\_\_\_ could benefit from more experience or training? \_\_\_\_\_

Did he/she get along with co-workers and management? \_\_\_\_\_

Do you recall why he/she left? \_\_\_\_\_

Do you have any other comments that would help us represent \_\_\_\_\_?

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Do you recall why he/she left? \_\_\_\_\_

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Did \_\_\_\_\_ meet all the required deadlines? \_\_\_\_\_

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Did he/she get along with co-workers and management? \_\_\_\_\_

Do you recall why he/she left? \_\_\_\_\_

Do you have any other comments that would help us represent \_\_\_\_\_?

# LEGAL NETWORK

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As employers, we comply with government regulations and affirmative action responsibilities.

To help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

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### **Affirmative Action Survey**

Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. This data is for analysis and affirmative action only.

#### **Submission of information is voluntary**

Name: \_\_\_\_\_

Check one:  Male  Female

Check one of the following Race/Ethnic Groups:

White  Black  Hispanic  American Indian/Alaskan Native  Asian/Pacific Islander

Check if you choose to be identified as any of the following:

Vietnam Era Veteran  Disabled Veteran  Disabled Individual