

Candidate Application

Office Use Only
I9/W4
Recruiter
Interviewer
P / SPA

Name							DATE						
HOME PHONE # OTHER PHONE # & TYPE						E	BIRTHDAY (Month/Date)						
Hor	ME ADDRESS							COCIAI	CECUDITY	v. 44			
HON	AE ADDRESS							SOCIAL SECURITY #					
								DATE AVAILABLE					
E-M	IAIL ADDRES	SS						EMERGENCY CONTACT & NUMBER					
	E DUCA	TION (I.	List Highest Two)									
Т					CHOOL			Vn/C	'DAD		MAJOR		GPA
DEGREE			College/School				YR/GRAD		MAJOR			GFA	
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		TSIDE NGELES	Downtown Los Angeles	ALI Los And		SAN FERNANDO VALLEY	Sou	тн Вач	LONG BE	EACH	Orange County	0	THER
YES	}												
	Positi	ons S o	OUGHT (CHECK	ALL THAT AP	PLY)								
	ATTORNE	Y		ADMIN	NISTRA'	TOR		Librarian					
	PARALEG.	AL		HUMA	N RESC	OURCES		DOCKET CLERK					
	SECRETARY FINANCIAL SERVICES					RECORDS CLERK							
	WORD PR	OCESSOI	R	IT / Ti	ECHNOI	LOGY SERVICES		OFFICE SERVICES CLERK					
	PREFE	RENCE !	Questions (A	PLEASE ANSW	VER THI	E FOLLOWING)							
* `	♦ YOUR INTEREST?												
◆ MINIMUM COMPENSATION SOUGHT? PERM \$ TEMP \$ Grammar							mar						
V MINIMON COM ENGLION GOODII. 1 ENW 9								Spelling					
								Typing					
							T '7' - 7'						
 ◆ CAN YOU WORK IN AREAS NOT ACCESSIBLE BY PUBLIC TRANSPORTATION? ◆ IS IT LEGAL FOR YOU TO WORK IN THE U.S.? 							ES NO NSW6.0W			/			
◆ HAVE YOU EVER BEEN CONVICTED OF A FELONY?						ES	NO						
IF YES, EXPLAIN: WP5.1D													
♦ HAVE YOU WORKED A TEMPORARY ASSIGNMENT BEFORE?							ES	NO		1W			
TEVES WHERE								Othe	r				

Work Experience – LAST JOB FIRST (Please Complete in Full)

FIRM/COMPANY	Position Held	DATES	SALARY & BONUS	REASON FOR LEAVING	CONTACT & PHONE NUMBER
1.		From	Salary \$		
		То	Bonus \$		
2.		From	Salary \$		
		То	Bonus \$		
3.		From	Salary \$		
		То	Bonus \$		
4.		From	Salary \$		
		То	Bonus \$		

REFERENCES - LIST IN PRIORITY (Please Complete in Full)

PERSONS NAME	FIRM/COMPANY	Position	PHONE NUMBER	BEST TIME TO CONTACT
1.				
2.				
3.				
4.				

Candidates Acknowledgment (Please Read & Sign)

The Application I have completed and am submitting this form to Attorney Network Services, Inc. (ANS) for the purpose of obtaining assistance in securing permanent, temporary or contract employment. I acknowledge that ANS is not obligated to further process this application and that use of this form (including my completion) does not represent that any positions are open. I certify to the accuracy of the information in my resume and the information I provided on this form to ANS. I understand that I will never be charged a fee by ANS however any misstatements of fact may result in me being refused employment or to lose my employment.

Temporary Assignments I understand that during my placement on a temporary assignment, I will be an employee of ANS and not the client. Also, I understand that such employment is not guaranteed for any specific time and may be terminated for any reason at any time. Moreover, I acknowledge that a contract will exist between ANS and its clients to whom I may be assigned which will require the client to pay a fee to ANS if I accept direct employment with the client. Therefore, within one year after the last day of a temporary assignment, I agree to immediately notify ANS if the client I was assigned (or its subsidiary or affiliated company) offers me direct employment, either contract, permanent or temporary (including assignments through another agency).

Authorization I authorize ANS to make inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. Also, I authorize all entities identified by me to ANS (including schools, businesses, individuals, services or others) to release information to ANS. Therefore, this is a release of all entities (including schools, businesses, individuals, services or others) from all liability in responding to inquiries connected with this application.

Signature Date	Signature	Date
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