

**LEGAL CLERK II
SUPPLEMENTAL INFORMATION SHEET**

Name _____

Instructions: This form is to be completed as part of your application. The information you will provide will be used to determine whether you meet the minimum qualification requirements. Complete this form as accurately and completely as possible. Incomplete information on this supplement may result in the non-acceptance of your application.

Describe your experience accurately and in as much detail as possible. NOTE: In your write-up, avoid using vague and ambiguous terms such as "was responsible for," "researched," "handled," "processed," etc. Instead, use specific language which shows clearly the exact nature of the tasks you performed and the extent of your involvement.

A RESUME IN LIEU OF THIS SUPPLEMENTAL INFORMATION SHEET WILL NOT BE ACCEPTED.

Please circle the choice which applies to your education and work experience.

1. Do you have a high school diploma or equivalent (G.E.D.)?
 - a. yes
 - b. no

2. Did you graduate from an accredited college or university?
 - a. yes - indicate type of degree obtained _____/_____
 - b. no

3. If not, have you attended or are you attending an accredited college or university?
 - a. yes - indicate courses and credits obtained _____
 - b. no

4. Do you have a current Certificate of Proficiency in typing at 40 net words per minute?
 - a. yes - attach a copy of your certificate
 - b. no

MINIMUM QUALIFICATION REQUIREMENTS: This job requires 2 years of clerical work experience involving the preparation, typing, and processing of a variety of legal forms and documents which required knowledge of common legal terminology, procedures, practices, forms, and documents.

5. Do you have the minimum work experience as described above?
 - a. yes
 - b. no

If "yes," describe your work experience, beginning on the next page, which you believe qualifies you to meet the minimum experience requirements.

(continued)

Legal Clerk II
Supplemental Information Sheet

Name: _____

COMPLETE A SEPARATE FORM FOR EACH EMPLOYER WHERE YOU GAINED THE REQUIRED EXPERIENCE. If you have been employed in more than one related position with the same employer, or if your duties changed significantly within a position, complete a separate form for each position. DUPLICATE THIS FORM OR USE ADDITIONAL SHEETS AS NECESSARY.

I gained the required work experience with the following employer:

Employer _____
Dates of employment – From _____ (mo./yr.) To _____ (mo./yr.)
Reason for leaving _____
No. of hours worked per week (use your best estimate) _____
Your job title _____
Job title of your supervisor _____

For the above position, indicate the percentage of time you spent in each activity.

| | | <u>% of Time</u> |
|-----------|--|--------------------|
| 1. | Legal clerical work involving the preparation, typing and processing of a variety of legal forms and documents (check all that apply) | _____ % |
| | <input type="checkbox"/> subpoenas | |
| | <input type="checkbox"/> motions | |
| | <input type="checkbox"/> petitions | |
| | <input type="checkbox"/> complaints | |
| | <input type="checkbox"/> stipulations | |
| | <input type="checkbox"/> contracts | |
| | <input type="checkbox"/> legal opinions | |
| | <input type="checkbox"/> orders | |
| | <input type="checkbox"/> affidavits | |
| | <input type="checkbox"/> other _____ | |
| 2. | Other duties: | _____ % |
| | Describe: _____ | |
| | _____ | |
| | _____ | |
| | _____ | |
| | TOTAL | _____ 100 % |

Note: If you are including work experience gained through temporary assignment, please attach written verification from your employer of the total number of hours performed in this task.

I hereby certify that all statements in this form are true and correct, to the best of my knowledge, and I agree and understand that any misstatements of material facts may be cause for non-selection or disqualification, and, if selected, may be cause for termination.

I further request and authorize the employer, his agent, and/or contact person named herein, to furnish verification of the statements made herein and/or employment information as may be requested by the Department of Human Resources.

Date _____ Signature _____