Syracuse University College of Law Office of Career Services

Dineen Hall, Suite 214 950 Irving Avenue Syracuse, NY 13244

Email: <u>career@law.syr.edu</u> Phone: 315-443-1941 Fax: 315-443-3086

JOB POSTING FORM

Please complete this form with the information for your job opening and return it to our office via email, fax or by mail.

CONTACT INFORMATION	<u>NC</u>			
EMPLOYER NAME:				
CONTACT PERSON:				
STREET ADDRESS:				
CITY:			STATE: _	
COUNTRY:				
ZIP CODE:				
PHONE:			FAX:	
EMAIL:				
WEBSITE:				
JOB INFORMATION				
JOB TYPE: (e.g. summer, full-time, etc.)				
POSITION TITLE:				
OPENING FOR:		1L		
		2L		
		3L		
		RECENT GRADUATE		
		ADMITTED ATTORNEY		

DESCRIBE THE POSITION:				
REQUIREMENTS FOR THE POSITION: (e.g. 2-5 years experience; top 25% of class; Law Review; clinical experience; must be admitted in NY, etc.)				
BRIEFLY DESCRIBE THE FIRM OR ORGANIZATION:				
SALARY:				

DEADLINE DATE:				
CONTACT METHOD:		MAIL		
		FAX		
		EMAIL		
		PHONE		
		SUBMIT APPLICATION at Office of Career Services		
MATERIALS YOU WISH TO RECEIVE (check all that apply):				
		RESUME		
		COVER LETTER		
		TRANSCRIPT		
		WRITING SAMPLE		
		REFERENCES		
STATEMENT OF NONDISCRIMINATION				
	•	grees to observe the following Syracuse University nondiscrimination fice of Career Services at Syracuse University College of Law:		
discrimination and hara citizenship, ethnicity, r expression, genetic info extent prohibited by lar and treatment in Unive Further information	assment b narital sta ormation, w. This no rsity prog n about Sy	ual-opportunity, affirmative-action institution. The University prohibits ased on race, color, creed, religion, sex, gender, national origin, itus, age, disability, sexual orientation, gender identity and gender veteran status, or any other status protected by applicable law to the ondiscrimination policy covers admissions, employment, and access to grams, services, and activities. Agracuse University's Non-Discrimination and Equal Opportunity Policy (supolicies.syr.edu/ethics/nonD_equal_policy.htm).		
Employer:				
By:(Signature of	Employe	Date: Prepresentative)		
(Signature of	Linking	i Representative)		