
**UNIVERSITY OF FLORIDA LEVIN COLLEGE OF LAW
CENTER FOR CAREER DEVELOPMENT**

Resume Collection Form

Date: ____/____/____

Employer Name: _____

Employer Address: _____

Employer Website: _____

Contact Person: _____

Contact E- mail: _____

Contact Number: _____ Contact Fax: _____

How do you wish to receive resumes?

___ E-mailed to _____

___ FedEx Account # _____

Accepting resumes from: _____ Summer _____ Permanent _____
___ 1L ___ 2L ___ 3L ___ LLM Tax For: _____ or _____

Which items would you like to receive from our students?

___ Transcripts* ___ Writing Sample
___ Cover Letter ___ Resume
___ References

* If you are requesting transcripts, Please be advised that the University of Florida only vouches for the authenticity of official transcripts.

	Preferred	Required
Class Rank (Top ___%)	<input type="checkbox"/>	<input type="checkbox"/>
Law Journal	<input type="checkbox"/>	<input type="checkbox"/>
Moot Court	<input type="checkbox"/>	<input type="checkbox"/>
Trial Team	<input type="checkbox"/>	<input type="checkbox"/>
Pro Bono	<input type="checkbox"/>	<input type="checkbox"/>
Legal Clinic (CLI)	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Assistant	<input type="checkbox"/>	<input type="checkbox"/>

Position Title: _____ Position Description: _____

Salary: _____ Due: _____