

EMPLOYMENT SURVEY

FULL NAME: _____ NAME YOU GO BY: _____

ENROLLMENT STATUS (Check One): Full-time Law Student Part-time Law Student

SAVANNAH LAW SCHOOL E-MAIL ADDRESS: _____

NON-SLS E-MAIL ADDRESS: _____

PERMENANT HOME ADDRESS (place where you can always be reached, i.e. parents' address):

Street _____
City, State, Zip _____
Phone Number _____

EMPLOYMENT ADDRESS (If you do not have an employment address yet, please indicate your address after graduation):

Employer Name _____
Street _____
City, State, Zip _____
Phone Number _____
Job Title _____
Practice Area(s) _____

The following four categories are used ONLY used for the preparation of a demographic report and NO identities will be revealed:

BIRTH DATE: _____ SEX: Male Female

RACE (Check One):

Asian/ Pacific Islander Caucasian Native American Other Hispanic
 Black/African American East Indian/ Pakistani Latino

DISABILITY STATUS (Check One):

Not Disabled Learning Disability Speech Impairment Visual Impairment
 Hearing Impairment Mobility Impairment Other (describe): _____

WHAT STATE BAR EXAM(S) DO YOU PLAN TO TAKE? _____ DATE: _____

EMPLOYMENT STATUS (Check One):

Full-time legal position Full-time non-legal position Unemployed seeking work
 Part-time legal position Part-time non-legal position Unemployed not seeking work
 Enrolled in full-time advanced degree program

OVER ⇒

IF YOU HAVE NOT TAKEN A JOB YET: (1): What area(s) of practice interest you? _____

(2) What are your geographic preferences (states and cities)? _____

(3) If employment opportunities arise while you are studying for the bar what is the best phone number and e-mail where you can be reached? _____

****COMPLETE THE REMAINING SECTIONS ONLY IF YOU HAVE ACCEPTED EMPLOYMENT****

SOURCE OF EMPLOYMENT

- Self Friend/Relative
 Office of Career Development* Other (describe): _____

*Circle One: Job Posting on Website or via E-mail, Job Fair, Referral

DATE EMPLOYMENT WAS ACCEPTED _____ **START DATE** _____

The following information is ONLY used for the preparation of a salary data report and NO identities will be revealed:

SALARY _____

EMPLOYMENT CATEGORIES (Complete ONLY one category A-F and check the appropriate selection(s))

A1. Private Practice – Total Size of the Firm (if employed through a legal temp agency skip to “B” Business)

- Self-Employed/ Solo Practice 2-10 Attorneys 11-25 Attorneys 26-50 Attorneys 51-100 Attorneys
 101-250 Attorneys 251-500 Attorneys Over 500 Attorneys Firm Size Unknown

A2. Private Practice – Total Size of the Law Office (specific office where you will be working)

- Self-Employed/ Solo Practice 2-10 Attorneys 11-25 Attorneys 26-50 Attorneys 51-100 Attorneys
 101-250 Attorneys 251-500 Attorneys Over 500 Attorneys Firm Size Unknown

A3. Private Practice – Type of Law Firm Job

- Attorney Law Clerk Paralegal Administrator

B1. Business and Industry Employer

- Accounting Firm Investment Banking/ Financial Institution Management Consulting Firm
 Technology/E-commerce Company Insurance Company Entertainment/ Sports Management
 Publishing House Trade Association, Union, Political Campaign Legal Temporary Agency
 Other Business or Industry (describe): _____

B2. Type of Business and Industry Job

- Development/ Sales/ Marketing In-house Legal Human Resources Consulting Management
 Self Employed Temp Atty Work Temp. Law Clerk/ Paralegal Other: _____

C1. Government

- Federal State Local (City/Municipal/ County) Other _____

C2. Government – Type of Job

- Judicial Clerkship Military Position Prosecution Other: _____

D. Public Interest Organization or Other Nonprofit (indicate primary type of work you will be handling)

- Direct Legal Services Policy/ Advocacy Community education and organization
 Public or appellate defender Other: _____

E. Academic

- Law School Administration Other Higher Education Other: _____

F. Job Category Not Identified

- Employed, job category not identified (describe): _____

By signing below, you are certifying that the information provided is accurate, and are further agreeing to allow your address and employment information (employer/address/phone/e-mail ONLY) be included on an updated Class Address List to be sent to your class after graduation.

SIGNATURE: _____ **DATE:** _____