

Supplemental Information

Genesee County Defender Program

Applicant's Name _____

Signature (Use Blue Ink for Signature) _____ Date _____

Indicate in reverse chronological order all law related part-time, full-time, internship, externship and volunteer work that you have performed on at least a part time basis for a period of two weeks or more, and designate same by checking the box where indicated (if applicable). Begin with your most recent status and account for all time since graduation from law school.

Check this box if entry pertains to an
Internship, externship or volunteer



MO/YR to MO/YR EMPLOYER _____ JOB TITLE _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____
REASON FOR EMPLOYMENT SEPERATION _____

MO/YR to MO/YR EMPLOYER _____ JOB TITLE _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____
REASON FOR EMPLOYMENT SEPERATION _____

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