



EMPLOYMENT LAW STAFF BOOT CAMP REGISTRATION FORM

TRAINING DATE DESIRED:

STUDENT NAME:

STUDENT EMAIL ADDRESS:

STUDENT PHONE NUMBER:

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

FIRM NAME:

FIRM CONTACT PERSON:

FIRM EMAIL ADDRESS:

FIRM TELEPHONE NUMBER:

FIRM MAILING ADDRESS:

**ARE YOU A RECENT HFLS APPLICANT WHO HAS COMPLETED OUR
SCREENING PROCESS? YES NO**

STUDENT IS:

AN ATTORNEY A PARALEGAL A LEGAL SECRETARY A NURSE

