

JOB BANK POSTING REQUEST FORM Email the completed Form to the Job Bank Coordinator at **JobBank@NJPara.org**

Date		
CONTACT INFORMATION		
County		
Firm or Corporation Name		
Contact Name		
Contact Email		
Contact Phone		
Address		
City, State, Zip		
Area (s) of Law that individual wi	ll be involved:	
Duties:		
Employment Requirements/Addit	ional Comments: (i.e. bilingual, year	rs of experience, etc.)
Job Posting Details:	Is this a temporary position?	Internship?
Full TimePart Time		YesNo
Please note: Salary information	_	
Salary Range (Annual) \$	Hourly Rate \$/hr	