

CLNAA ARBITRATOR APPLICATION

YOUR INFORMATION

First Name:	<input style="width: 90%;" type="text"/>
Middle Initial:	<input style="width: 80%;" type="text"/>
Last Name:	<input style="width: 90%;" type="text"/>
Notary Number:	<input style="width: 90%;" type="text"/>
Bar Number:	<input style="width: 90%;" type="text"/>
Social Security Number:	<input style="width: 90%;" type="text"/>
Email Address:	<input style="width: 90%;" type="text"/>
Website URL:	<input style="width: 90%;" type="text"/>
DOB:	<input style="width: 80%;" type="text"/>
Phone Number:	<input style="width: 40%;" type="text"/> - <input style="width: 40%;" type="text"/>
Address (Number, Street):	<input style="width: 90%;" type="text"/>
Address (City, State):	<input style="width: 90%;" type="text"/>
Zip Code:	<input style="width: 80%;" type="text"/>
Country:	<input style="width: 90%;" type="text"/>
Civil Law Notary Jurisdiction:	<input style="width: 90%;" type="text"/>
Date of Appointment:	<input style="width: 80%;" type="text"/>
Hourly Billing Rate:	<input style="width: 80%;" type="text"/>
Jurisdiction(s) Admitted to practice:	<input style="width: 40%;" type="text"/> - <input style="width: 40%;" type="text"/>
Arbitrations You Have Conducted:	<input style="width: 90%;" type="text"/>
Arbitration Memberships:	<input style="width: 90%;" type="text"/>

Education

High School	School Name:	<input style="width: 95%;" type="text"/>	Years Attended	<input style="width: 80%;" type="text"/>
	City, State	<input style="width: 95%;" type="text"/>	Did you graduate?	<input style="width: 80%;" type="text"/>
	Subjects Studied:	<input style="width: 95%;" type="text"/>		
College	School Name:	<input style="width: 95%;" type="text"/>	Years Attended	<input style="width: 80%;" type="text"/>

	City, State	<input type="text"/>	Did you graduate?	<input type="checkbox"/>
	Subjects Studied:	<input type="text"/>		
Trade or Business	School Name:	<input type="text"/>	Years Attended	<input type="checkbox"/>
	City, State	<input type="text"/>	Did you graduate?	<input type="checkbox"/>
	Subjects Studied:	<input type="text"/>		

General

Special Interests:	<input type="text"/>
Special Skills:	<input type="text"/>
Special Interests:	<input type="text"/>

Service Record

Branch of Service:	<input type="text"/>
Rank:	<input type="text"/>
Discharge Date:	<input type="text"/>

Are you fluent in any other languages besides English?: Yes No

If yes, please identify all languages:

Are you currently on a roster of arbitrators? Yes No

If yes, please identify all forums:

EMPLOYMENT

Most recent employer:	<input type="text"/>
Position held:	<input type="text"/>
Hourly Billing Rate:	<input type="text"/>
Employment Dates:	<input type="text"/> - <input type="text"/>
Location (City, State):	<input type="text"/>
Supervisor:	<input type="text"/>
Phone Number:	<input type="text"/>
Reason for leaving:	<input type="text"/>

Previous employer:	<input type="text"/>
Position held:	<input type="text"/>
Hourly Billing Rate:	<input type="text"/>
Employment Dates:	<input type="text"/> - <input type="text"/>
Location (City, State):	<input type="text"/>
Supervisor:	<input type="text"/>
Phone Number:	<input type="text"/>
Reason for leaving:	<input type="text"/>
Previous employer:	<input type="text"/>
Position held:	<input type="text"/>
Hourly Billing Rate:	<input type="text"/>
Employment Dates:	<input type="text"/> - <input type="text"/>
Location (City, State):	<input type="text"/>
Supervisor:	<input type="text"/>
Phone Number:	<input type="text"/>
Reason for leaving:	<input type="text"/>
Previous employer:	<input type="text"/>
Position held:	<input type="text"/>
Hourly Billing Rate:	<input type="text"/>
Employment Dates:	<input type="text"/> - <input type="text"/>
Location (City, State):	<input type="text"/>
Supervisor:	<input type="text"/>
Phone Number:	<input type="text"/>
Reason for leaving:	<input type="text"/>
General	
Special Interests:	<input type="text"/>
Special Skills:	<input type="text"/>
Special Interests:	<input type="text"/>
Service Record	
Branch of Service:	<input type="text"/>

We strongly suggest that you make copies of everything that you will be sending to us. This may include but is not limited to: this application, any relevant documentation, and any attachments.

Thank you for taking the time to complete this form.

Signature _____ Date: _____