Board of Bar Examiners of the Delaware Supreme Court 820 N. French Street, 11th Floor Wilmington, DE 19801 (302) 577-7038

FORM A

EMPLOYMENT

REQUEST FOR CERTIFICATION DELAWARE BOARD OF BAR EXAMINERS

TO:	Name of Employer	Instructions: Applicant complete top portion of form, fill in employer's		
KE.	Name of Applicant	name and address belo and mail to employer.		
	Applicant's Social Security Number (Disclosure of SSN is voluntary)			
	Dates of Employment			
rega law	ording my employment, job perfor	mployer named above to release information rmance, and character and fitness for the practice aware Board of Bar Examiners assigned to review		
	Date	Signature of Applicant		
		Signature of Applicant FIONS FOR EMPLOYER		
	INSTRUCT The applicant identified above is ap	TIONS FOR EMPLOYER oplying for admission to the Bar of the State of Delaware. reverse side of this form is a necessary part of the Applica		
	INSTRUCT The applicant identified above is ap fication of the matters described on the	TIONS FOR EMPLOYER Oplying for admission to the Bar of the State of Delaware. reverse side of this form is a necessary part of the Applicated to the Board of Bar Examiners.		
	INSTRUCT The applicant identified above is ap fication of the matters described on the se return the completed certification dire	TIONS FOR EMPLOYER Oplying for admission to the Bar of the State of Delaware. reverse side of this form is a necessary part of the Applicated to the Board of Bar Examiners.		

CERTIFICATION OF EMPLOYMENT

Note to Employer: This request for certification is made as a necessary part of an Application for Admission to the Delaware Bar. It will be used to investigate the moral character and fitness of candidates who seek admission to the Bar.

I CERTIFY that I	l am				
		(state name and	position)		
of					
	(state name of firm or institution)				
located at					
Tocated at		(full address of firm	m or institution)		
			appears therefrom that		
		(name of applicant)			
was employed in	the position of _				
from	, 19				
If applicant was t	erminated, indicat	e reason:			
			cant may be provided, by attachm legal ability or fitness to practice		
I have attached a	letter of reference	to this certificatio	on. Yes No		
		(Signature and Titl	le of person making this Certification)		
		Date			
		Daytime telephone	e number		