



# National Conference of Bar Examiners

## EMPLOYMENT AMENDMENT FORM

- If your application has already been printed and mailed to a jurisdiction or to NCBE, use this form to report any employment changes. Other specific Amendment Forms can be found through your NCBE account.
- **NOTE:** If your application has **NOT yet been printed and mailed** to a jurisdiction or to NCBE, do **NOT** use this form. Use instead the Revisions Form found through your NCBE account.
- Fax this form to 608-442-7980 **OR** mail to the address noted at the bottom of this page.

Name \_\_\_\_\_  
*First Middle Last*

NCBE Number \_\_\_\_\_

- Include all changes in employment. Employment is considered to be part-time and full-time employment, including self-employment, externships, internships (paid and unpaid), clerkships, military service, volunteer work, and temporary employment. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned.
- Account for any unemployment period of more than three months (e.g., attending law school, studying for the bar examination, seeking employment, etc.). For these periods of time, describe your activities while you were unemployed in the field labeled Employment Position/Description of Unemployment.
- Do not furnish your own name or the name of someone to whom you are related by blood or marriage as a confirming reference.

My employment has recently changed:

- I am currently unemployed.
- My current employer's address has changed; see updated information below.
- My current employer has changed; see updated information below.

Previous employment ended \_\_\_\_\_ Current employment began \_\_\_\_\_  
*(Month/Day/Year) (Month/Day/Year)*

Employment Position / Description of Unemployment \_\_\_\_\_

Employer or Firm \_\_\_\_\_

Supervisor / Associate Name \_\_\_\_\_

Employer or Firm Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Employer Telephone \_\_\_\_\_ Employer E-mail \_\_\_\_\_

*If you are self-employed or employed by a relative, provide a reference (preferably someone associated with the business) to whom you are not related by blood or marriage who can verify the nature and length of your employment or practice. If you provide a business address, please include the names of both the reference and the business.*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Province \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Application to the bar of (jurisdiction) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

NCBE, ATTN: Intake Department, 302 South Bedford Street, Madison, WI 53703-3622 – 608-280-8550 – Fax: 608-442-7980

All information solicited and received for character reports is treated confidentially by NCBE and restricted to official use by the proper admitting authorities.  
 NCBE is an affiliated organization of the American Bar Association.