



THE OHIO STATE UNIVERSITY

MORITZ COLLEGE OF LAW

**Office of Career Services
SPRING ON-CAMPUS INTERVIEW (OCI) PROGRAM**

Organization: _____

Address: _____

Telephone: _____ FAX: _____

Contact Person Name and Title: _____

E-Mail: _____

Please list interview dates in order of preference:

1st _____ 2nd _____ 3rd _____

Interview Scheduling Information - Interviews are generally scheduled between 9:00 am and 4:00 pm. All schedules require 80% preselect and 20% lottery candidates.

Examples:

A full day with **20 minute** intervals- You choose 14 preselects, you'll receive 3 lottery students.

A full day with **30 minute** intervals- You choose 11 preselects, you'll receive 3 lottery students.

Please check your preferred interview length: 30 minutes 20 minutes _____minutes

Number of Interview Rooms to Reserve: _____

Names and Titles of Interviewers :

PLEASE CHOOSE YOUR CANDIDATES BY CLASS YEAR:

1Ls (Class of 2019)

2Ls (Class of 2018)

3Ls (Class of 2017)

POSITION(S) FOR WHICH YOU ARE HIRING: Job Title: _____

FT Summer Clerk

PT Summer

FT Associate

PT School Year

(also complete reverse side)

Job Description (or attach)

Compensation: _____

REQUIRED APPLICATION MATERIALS:

Resume Cover Letter Writing Sample Transcript

Other _____

HIRING PREFERENCES

Class Rank (choose one): 15% 25% 35% 50% No Preference

Law Journal

Moot Court

Clinical experience

Evidence of public service commitment

Specialized undergraduate preparation in: _____

Foreign Language: _____

LLM Degree

Other/Specify _____

BRANCHES/DEPARTMENTS/LOCATIONS FOR WHICH YOU ARE INTERVIEWING

NON-DISCRIMINATION POLICY

The career services of the Moritz College of Law are available only to employers who provide equal employment opportunities for all, in compliance with the policy of The Ohio State University, regardless of sex, age, race, color, creed, religion, national or ethnic origin, disability, sexual orientation, gender identity or expression, Vietnam-era or other veteran status, except as mandated by pertinent legal requirements. If your organization agrees to abide by this policy, please have a professional member of your organization sign below. Failure to sign will eliminate your organization from using the services of the Office of Career Services.

Name (signature)

Title

Date