

**REQUEST FOR PARALEGAL RESUMES  
FROM THE *CENTRAL OKLAHOMA ASSOCIATION OF LEGAL ASSISTANTS*  
PLACEMENT COMMITTEE**

Date of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Firm/Corporation Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Type/Area of Law: \_\_\_\_\_

Years of Experience Required: \_\_\_\_\_ Certification Required: \_\_\_\_\_

Educational Requirements: \_\_\_\_\_

Salary Range:

Permanent?

Temporary?

Full- Time?  
(Circle One)

Part-time?

Overtime Required: \_\_\_\_\_ If so, how many hours? \_\_\_\_\_

Benefits: \_\_\_\_\_

(i.e., Medical, Dental, Parking, 401-K, Profit Sharing, etc.)

Number of Paralegals currently with Company: \_\_\_\_\_

Number of Attorneys to whom this Paralegal is assigned: \_\_\_\_\_

Briefly describe the general duties of the Paralegal in this position: \_\_\_\_\_

To whom and where should a resume be sent? \_\_\_\_\_

Preferred method for resume to be sent: E-Mail \_\_\_\_\_ Facsimile \_\_\_\_\_ Mail \_\_\_\_\_

**"COALA makes no recommendation with regard to the individual applicant or the  
qualifications said applicant provides in his/her resume."**

Please return this Request for Resumes to the following:

*J. Lynn McKay, CP  
Certified Paralegal*

Direct Phone 405.228.7656 | Direct Fax 405.228.7336  
E-Mail: [jlynn.mckay@mcafeetaft.com](mailto:jlynn.mckay@mcafeetaft.com)

**MCAFEE & TAFT**  
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