FEDERAL JUDICIAL BRANCH APPLICATION FOR EMPLOYMENT

If you need additional space, continue under "Remarks" listing item number

II you need addi	tional s	pace, ce	minu	c unaci	Remarks listing tem number	
1. Name (Last, First, Middle Initial)	2. Phone Number					
3. Present Address (Street, City, State, Zip)						
4. Email Address						
5. Other Names Previously Used for Employment Purposes					6. Date of Birth (complete only for law enforcement positions)	
			GEN	ERAI		
7. Are you a U.S. Citizen?	٦	YES	٥	NO	If no, give the Country of your citizenship	
8. a. Were you ever a federal civilian employee?		YES	٦	NO	If yes, give highest civilian grade: / / //	
b. Are you receiving a federal civilian annuity payment?		YES		NO		
c. Are you receiving federal severance pay?	٦	YES	٥	NO	If yes, give former agency contact/telephone:	
d. Have you received a federal separation incentive payment	٦	YES	٥	NO	If yes, state mo/yr received and former agency contact/telephone:	
in the past 5 years?						
9. Do you have any relatives who are Judges, Officers or		YES		NO	If yes, give their names, positions, and relationships to you.	
employees of the United States Courts?						
10. Have you ever served on active duty with the military?	٦	YES	٦	NO	(If selected, you will need to provide your DD-214 (copy 4), Certificate of Release or Discharge from Active Duty, so that your service may be verified and credited)	
	BAC	KGRO	UND	INF(DRMATION	
					nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any e your 18 th birthday if finally decided in juvenile court or under a Youth Offend	

violation of law committed before your 16^{th} birthday, (3) any violation of law committed before your 18^{th} birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

11. During the last 10 years, have you been convicted, imprisoned, on probation, or on parole? (<i>Include felonies, firearms or explosives</i> violations, misdemeanors, and all other offenses)		YES		NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of police dept or court.	
12. Have you been convicted by a military court-martial in the past 10 years?		YES	٦	NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of military authority or court.	
13. Are you now under charges for any violation of law?		YES	٦	NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of police dept or court.	
14. During the last 10 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency?	٦	YES	٥	NO	If yes, provide in Section 19 the date, explanation of problem, reason for leaving, and employer's name/address.	
15. Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans (e.g., student loan, home mortgage loan)).	٥	YES	٥	NO	If yes, provide in Section 19 the type, length, and amount of delinquency/default, and steps being taken to correct the error/repay the debt.	
EDUCATION						
16. a. Do you have a high school diploma or G.E.D. equivalent?		YES		NO	If yes, Date of Completion	

b. Name and location of colleges or universities		Credi	t Hours			Grade Point
attended (including law schools)	Dates Attended	Quarter	Semester	Degree	Date Received	Average and/or scholastic standing
				-		
	-				_	
			+			
	-		-			
16. c. Other schools or training attended (list name/location of scho	ool, dates attended, si	ubject studied	, certificates r	eceived, and c	other pertinent data):	
		CDECIAL			PO	
JOB RELATED SK						
17. List any skills (e.g., language, computer, keyboarding speed), he activities, performance awards) that you believe are relevant to your	ability to perform th	e job:	shments (e.g.,	memberships	in professional/nonor	societies, leadership
APP	LICANTS FOR	LEGAL PO	SITIONS			
18. a. Are you admitted to the Bar?	🗖 YES 🗖	NO If yes	, list the Bar(s) to which ad	nitted and date(s) of a	admission. If no, skip to
		18b.				
Is your Bar membership	□ ACTIVE	INAC	TIVE			
b. What was your scholastic standing in law school?	UPPER ¹ / ₂	🗖 UPPE	ER ⅓ 🗖	UPPER 1/4		
c. Were you a member of an editorial board of law review or a	🗖 YES 🗖	No				
moot court participant?						
19. REMARKS (Use this space	e for continuation of	of answers.	List the item	number bei	ng explained.)	
		5				

WORK EXPERIENCE

(Start with your present position and work back 10 years. Include any military service. Use additional page if necessary.)

Α			
Dates of Employmen	nt (<i>mm/dd/yyyy</i>)	Number of hours worked per week:	Exact Title of Your Position
From:	To:		
Salary or Earnings		Pay Plan/Grade (If in federal Service)	Place of Employment
Starting \$	Per		City
Final \$	Per		State
Name and Address o	of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor
Business Telephone:	(Area Code and Phone Number)		
Reason for Leaving			
Description of Work			

В

Dates of Employment	(mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
From:	To:		
Salary or Earnings		Pay Plan/Grade (If in federal Service)	Place of Employment
Starting \$	Per		City
Final \$	Per		State
Name and Address of	Employer (firm, organization, etc.)	I	Name and Title of Immediate Supervisor
Business Telephone: ((Area Code and Phone Number)		
Reason for Leaving			
Description of Work			

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С						
Dates of Employment	(mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position			
From:	To:					
Salary or Earnings		Pay Plan/Grade (If in federal Service)	Place of Employment			
Starting \$	Per		City			
Final \$	Per		State			
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor			
Business Telephone: (Area Code and Phone Number)						
Business rerepiene. (
Reason for Leaving						
Description of Work						

D

Dates of Employment (mm/dd/y	yyy)	Number of hours worked per week:	Exact Title of Your Position			
From:	То:					
Salary or Earnings		Pay Plan/Grade (If in federal Service)	Place of Employment			
Starting \$	Per		City			
Final \$	Per		State			
Name and Address of Employer <i>(firm, organization, etc.)</i> Business Telephone: <i>(Area Code and Phone Number)</i>			Name and Title of Immediate Supervisor			
Reason for Leaving						
Description of Work						

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED