## FEDERAL JUDICIAL BRANCH APPLICATION FOR EMPLOYMENT

If you need additional space, continue under "Remarks" listing item 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)
7. Are you a U.S. Citizen?		YES		ERAL NO	If no, give the Country of your citizenship
·					
8. a. Were you ever a federal civilian employee?	□	YES	□	NO	If yes, give highest civilian grade:  Pay Plan Grade Step
b. Are you receiving a federal civilian annuity payment?	o	YES	О	NO	
c. Are you receiving federal severance pay?		YES		NO	If yes, give former agency contact/telephone:
d. Have you received a federal separation incentive payment in the past 5 years?	□	YES	□	NO	If yes, state mo/yr received and former agency contact/telephone:
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?		YES		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)
В	ACI	KGROU	JND	INFO	RMATION
violation of law committed before your 16th birthday, (3) any violation	n of l	aw comn	nitted	before	nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any your 18 <sup>th</sup> birthday if finally decided in juvenile court or under a Youth Offender nd (5) any conviction for which the record was expunged under Federal or state
11. During the last 10 years, have you been convicted, imprisoned, on probation, or on parole? (Include felonies, firearms or explosives 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	□	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		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?		YES		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)).	0	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.
		Ell	OUC	ATIO	N
16. a. Do you have a high school diploma or G.E.D. equivalent?		YES		NO	If yes, Date of Completion

	1		1			1		+
b. Name and location of colleges or universities	Dot	es Attended		Credit H	Iours	Dagmag	Date Received	Grade Point Average and/or
attended (including law schools)	Dat	es Attended	Qua	arter	Semester	Degree	Date Received	scholastic standing
16. c. Other schools or training attended (list name/location of schools)	ol data	os attended si	uhiact st	udied ce	ortificatos r	eceived and	other pertinent data):	
10. C. Other schools of training attended (usi name/tocation of school	oi, aaic	s anenaca, si	wjeci sii	ишей, сс	rigicales r	eccivea, ana c	mer perimeni adia).	
JOB RELATED SK								
17. List any skills (e.g., language, computer, keyboarding speed), ho activities, performance awards) that you believe are relevant to your	onors, a	wards, or spe	cial acco	omplishn	nents (e.g.,	memberships	in professional/honor	societies, leadership
activities, performance awards) that you believe are relevant to your	aumity	to perioriii un	c 100.					
	LICA	NTS FOR I						
18. a. Are you admitted to the Bar?		YES 🗖	NO 1	If yes, lis	st the Bar(s	) to which adr	mitted and date(s) of a	admission. If no, skip to
				18b.				
Is your Bar membership		ACTIVE		INACTI	VE			
b. What was your scholastic standing in law school?		UPPER ½		UPPER	1/3	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	for co	ntinuation (	of answ	ers Lis	st the item	numher hei	no explained)	
27. ILLINITATIO ( Gue initi appare	jor co		y answ	ers. 20	in the tient	Thumber ben	is expiamea.)	

## WORK EXPERIENCE

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

Dates of Employment (mm/dd/y	yyy)	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	e and Phone Number)		
Reason for Leaving			
Description of Work			
В			
Dates of Employment (mm/dd/y	yyy)	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	e and Phone Number)		
Reason for Leaving			
Description of Work			

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

## APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this applicate faith. I understand that false or fraudulent information on or attached to this application may be grounds for and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.	not hiring me, or firing me after I begin work,
SIGNATURE	DATE SIGNED