

FEDERAL JUDICIAL BRANCH APPLICATION FOR EMPLOYMENT

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

1. Name (<i>Last, First, Middle Initial</i>)	2. Phone Number
3. Present Address (<i>Street, City, State, Zip</i>)	
4. Email Address	
5. Other Names Previously Used for Employment Purposes	6. Date of Birth (<i>complete only for law enforcement positions</i>)

GENERAL

7. Are you a U.S. Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, give the Country of your citizenship
8. a. Were you ever a federal civilian employee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give highest civilian grade: _____ / _____ / _____ Pay Plan Grade Step
b. Are you receiving a federal civilian annuity payment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
c. Are you receiving federal severance pay?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give former agency contact/telephone: _____
d. Have you received a federal separation incentive payment in the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, state mo/yr received and former agency contact/telephone: _____
9. Do you have any relatives who are Judges, Officers or employees of the United States Courts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give their names, positions, and relationships to you. _____
10. Have you ever served on active duty with the military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>(If yes, 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)</i>

BACKGROUND INFORMATION

For questions 11, 12, and 13, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th 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 7 years, have you been convicted, imprisoned, on probation, or on parole? (<i>Include felonies, firearms or explosives violations, misdemeanors, and all other offenses</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> 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 7 years?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 5 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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? (<i>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).</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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b. Name and location of colleges or universities attended (including law schools)	Dates Attended	Credit Hours		Degree (include major if applying for law enforcement position)	Date Received	Grade Point Average and/or scholastic standing
		Quarter	Semester			

16. c. Other schools or training attended (list name/location of school, dates attended, subject studied, certificates received, and other pertinent data):

JOB RELATED SKILLS, AWARDS, SPECIAL ACCOMPLISHMENTS

17. List any skills (e.g., language, computer, keyboarding speed), honors, awards, or special accomplishments (e.g., memberships in professional/honor societies, leadership activities, performance awards) that you believe are relevant to your ability to perform the job:

APPLICANTS FOR LEGAL POSITIONS

18. a. Are you admitted to the Bar? YES NO If yes, list the Bar(s) to which admitted and date(s) of admission. If no, skip to 18b. _____
- Is your Bar membership ACTIVE INACTIVE
- b. What was your scholastic standing in law school? UPPER 1/2 UPPER 1/3 UPPER 1/4
- c. Were you a member of an editorial board of law review or a moot court participant? YES No

19. REMARKS (Use this space for continuation of answers. List the item number being explained.)

WORK EXPERIENCE

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

A

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

B

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

C

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

D

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

VOLUNTARY RACE/ETHNICITY, GENDER, & DISABILITY IDENTIFICATION

(Please read the Privacy Statement and Specific Instructions before completing.)

Privacy Statement

You are requested to furnish this information to aid the federal judiciary in reporting on equal employment opportunities. Solicitation of this information is in accordance with Judicial Conference of the United States policy. This information will be used in planning and monitoring fair employment practices programs. Your furnishing this information is voluntary. Your failure to do so will have no effect on you or your federal employment.

Specific Instructions: Please enter your name, position, identify your gender and whether or not you have a disability. Select the race/national origin category with which you most closely identify.

1. Name: *(Last, First, MI)* _____
2. Position: _____
3. Gender: Female Male
4. Disability: Yes No
5. Race / National Origin: *(select one of the following)*

(A)	<input type="checkbox"/> American Indian or Alaska Native <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
(B)	<input type="checkbox"/> Asian <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
(C)	<input type="checkbox"/> Black/African American <i>(not Hispanic or Latino)</i>	A person having origins in any of the black racial groups of Africa.
(Q)	<input type="checkbox"/> Hawaiian or Other Pacific Islander <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
(D)	<input type="checkbox"/> Hispanic	A person having origins in Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.
(E)	<input type="checkbox"/> White/Caucasian <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Also includes persons not reported in other categories.
(X)	<input type="checkbox"/> Declined to Report	The individual declines to report his or her race or national origin at this time.

For Office Use Only:

Department ID _____