

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. Place of Birth (city/town, state, & country) (required for background investigation)
6. Other Names Previously Used for Employment Purposes	7. Date of Birth (complete only for law enforcement positions)

GENERAL

8. Are you a U.S. Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, give the Country of your citizenship
9. 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: _____
10. 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. _____
11. Have you ever served on active duty with the military?	<input type="checkbox"/> YES	<input type="checkbox"/> 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)

BACKGROUND INFORMATION

12. 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 18 the date, explanation of problem, reason for leaving, and employer's name/address.
13. 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)).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 18 the type, length, and amount of delinquency/default, and steps being taken to correct the error/repay the debt.

EDUCATION

14. a. Do you have a high school diploma or G.E.D. equivalent? ☐ YES ☐ NO

b. Name and location of colleges or universities attended <i>(including law schools)</i>	Dates Attended mm/dd/yyyy		Credit Hours		Type of Degree (if applicable)	Date Received mm/dd/yyyy	Grade Point Average and/or scholastic standing
	Start	Finish	Quarter	Semester			

15. 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

16. 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

17. a. Are you admitted to the Bar? ☐ YES ☐ NO If yes, list the name of Bar(s) and date(s) of admission.
 Name of Bar: _____ Date (mm/dd/yyyy): _____
 Name of Bar: _____ Date (mm/dd/yyyy): _____
- b. Is your Bar membership? ☐ ACTIVE ☐ INACTIVE If active, list the name of Bar(s).
 Name of Bar: _____ Date (mm/dd/yyyy): _____
 Name of Bar: _____ Date (mm/dd/yyyy): _____
- c. What was your scholastic standing in law school? ☐ UPPER ½ ☐ UPPER ⅓ ☐ UPPER ¼
- d. Were you a member of an editorial board of law review or a moot court participant? ☐ YES ☐ No

18. 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: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	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 of Immediate Supervisor Title of Immediate Supervisor Business Telephone: (Area Code and Phone Number)			Name of Employer (<i>firm, organization, etc.</i>) Address of Employer
Reason for Leaving			
Description of Work			

B

Dates of Employment (<i>mm/dd/yyyy</i>) From: _____ To: _____		Number of hours worked per week: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	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 of Immediate Supervisor Title of Immediate Supervisor Business Telephone: (Area Code and Phone Number)			Name of Employer (<i>firm, organization, etc.</i>) Address of Employer
Reason for Leaving			
Description of Work			

C

Dates of Employment (<i>mm/dd/yyyy</i>) From: _____ To: _____		Number of hours worked per week: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	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 of Immediate Supervisor Title of Immediate Supervisor Business Telephone: (<i>Area Code and Phone Number</i>)			Name of Employer (<i>firm, organization, etc.</i>) Address of Employer
Reason for Leaving			
Description of Work			

D

Dates of Employment (<i>mm/dd/yyyy</i>) From: _____ To: _____		Number of hours worked per week: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	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 of Immediate Supervisor Title of Immediate Supervisor Business Telephone: (<i>Area Code and Phone Number</i>)			Name of Employer (<i>firm, organization, etc.</i>) Address of Employer
Reason for Leaving			
Description of Work			

OPTIONAL BACKGROUND INFORMATION – RESPOND ONLY IF REQUIRED BY THE VACANCY ANNOUNCEMENT

Answer questions 19, 20, and 21, only if required by the vacancy announcement. 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.

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|--|--|---|
| 19. 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 22 the date, explanation of violation, place of occurrence, and name/address of police dept or court. |
| 20. 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 22 the date, explanation of violation, place of occurrence, and name/address of military authority or court. |
| 21. Are you now under charges for any violation of law? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, provide in Section 22 the date, explanation of violation, place of occurrence, and name/address of police dept or court. |

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

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 _____