

# APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

If You Need Additional Space, Continue Under "Remarks" Listing Item Number

1. Name (*Last, First, Middle Initial*) Mr Miss. Mrs. Ms. 1 a. Gender 2. Phone Number 3. Social Security Number  
 F  M

4. Present Address (*Street, City, State, Zip*) 5. Place of Birth  
City/State  
Foreign Country

6. Other Names Previously Used for Employment Purposes 7. Date of Birth

## GENERAL

8. Are you a U.S. Citizen? YES  NO  — If not, give the Country of your citizenship \_\_\_\_\_

9. a. Were you ever a federal civilian employee? YES  NO  — For highest civilian grade give: \_\_\_\_\_ / \_\_\_\_\_  
grade step

b. Are you receiving a federal annuity payment? YES  NO

c. Are you receiving federal severance pay? YES  NO  Former agency contact/tel: \_\_\_\_\_

10. Do you have any relatives that are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you.  
 YES  NO

11. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES  NO  If yes, explain under Remarks at the end of this form.

12. Have you ever been convicted? YES  NO  (You may omit: (1) offenses committed before your 18<sup>th</sup> birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 or less) If yes, explain under Remarks at the end of this form.

## EDUCATION

13. 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 attended (including law schools)	Dates Attended		Number of		Degree	Date Received	Grade Point Average and/or scholastic standing
	Quarter	Semester	Quarter	Semester			
Chief Undergraduate Subjects	Credit Hours		Chief Graduate Subjects			Credit Hours	
	Quarter	Semester				Quarter	Semester

c. Special skills, accomplishments, awards, honors, fraternities, sororities & societies (Specify) YES  NO

d. What was your scholastic standing in college/law school (*Specify*)? UPPER ½  UPPER ⅓  UPPER ¼

e. Were you a member of an editorial board of law review or a moot court participant? YES  NO

f. Other schools or training such as trade, vocational, Armed Forces, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and any other pertinent data.

## MILITARY SERVICE

14. a. Have you ever served on active duty with the military? YES  NO  If yes, attach DD 214 member-4 copy, Notice of Separation.

b. Are you retired from military service? YES  NO

## APPLICANTS FOR LEGAL POSITIONS

15. a. Are you admitted to the Bar? YES  NO  If yes, list the Bar(s) to which admitted and date(s) of admission:

Is your Bar membership ACTIVE  INACTIVE

b. Did you attend a Bar review course? YES  NO  List type of course: \_\_\_\_\_

Dates Attending: From: \_\_\_\_\_ To: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

### WORK EXPERIENCE

Include experience while in military service.

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

**A**

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

**B**

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

<p><b>REMARKS:</b> (<i>Use this space for continuation of answers. List the number of items being continued.</i>)</p>
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**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



**WORK EXPERIENCE CONTINUATION SHEET - AO 78**

**C**

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

**D**

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

**REMARKS:** (*Use this space for continuation of answers. List the number of items being continued.*)

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