

FEDERAL JUDICIAL BRANCH  
APPLICATION FOR EMPLOYMENT

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

|                                                                                                                                                                                                                                                                                                                              |     |                                                                                         |                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Full Name (Last, First, Middle)                                                                                                                                                                                                                                                                                           |     | 2. Phone Number                                                                         |                                                                                                                                                                       |
| 3. Present Address (Street, City, State, Zip)                                                                                                                                                                                                                                                                                |     |                                                                                         |                                                                                                                                                                       |
| 4. Personal 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?                                                                                                                                                                                                                                                                                                   | YES | NO                                                                                      | If no, give the Country of your citizenship                                                                                                                           |
| 9. a. Were you ever a federal civilian employee?                                                                                                                                                                                                                                                                             | YES | NO                                                                                      | If yes, give highest civilian grade: _____ / _____ / _____<br>Pay Plan                      Grade                      Step                                           |
| b. Are you receiving a federal civilian annuity payment?                                                                                                                                                                                                                                                                     | YES | 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: _____                                                                                               |
| 10. Do you have any relatives who are Judges, Officers or employees of the United States Courts?                                                                                                                                                                                                                             | YES | NO                                                                                      | If yes, give their names, positions, and relationships to you. _____                                                                                                  |
| 11. 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) |
| 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? | YES | 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)).                                                     | YES | 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<br>mm/dd/yyyy |        | Credit Hours |          | Type of Degree<br>(if applicable) | Date Received<br>mm/dd/yyyy | Grade Point<br>Average and/or<br>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><br><br>From: _____ To: _____                                                      | Number of hours worked per week:<br><br>Full-Time      Part-Time | Exact Title of Your Position                                                  |
| Salary or Earnings<br><br>Starting \$ _____ Per _____<br>Final \$ _____ Per _____                                         | Pay Plan/Grade<br><i>(If in federal Service)</i>                 | Place of Employment<br><br>City _____<br>State _____                          |
| Name of Immediate Supervisor<br><br>Title of Immediate Supervisor<br><br>Business Telephone: (Area Code and Phone Number) |                                                                  | Name of Employer <i>(firm, organization, etc.)</i><br><br>Address of Employer |
| Reason for Leaving                                                                                                        |                                                                  |                                                                               |
| Description of Work                                                                                                       |                                                                  |                                                                               |

**B**

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

**C**

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

**D**

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

E

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

F

|                                                                                                                                  |  |                                                                  |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Dates of Employment <i>(mm/dd/yyyy)</i><br><br>From: _____ To: _____                                                             |  | Number of hours worked per week:<br><br>Full-Time      Part-Time | Exact Title of Your Position                                                  |
| Salary or Earnings<br><br>Starting \$ _____ Per _____<br>Final \$ _____ Per _____                                                |  | Pay Plan/Grade<br><i>(If in federal Service)</i>                 | Place of Employment<br><br>City _____<br>State _____                          |
| Name of Immediate Supervisor<br><br>Title of Immediate Supervisor<br><br>Business Telephone: <i>(Area Code and Phone Number)</i> |  |                                                                  | Name of Employer <i>(firm, organization, etc.)</i><br><br>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 16<sup>th</sup> birthday, (3) any violation of law committed before your 18<sup>th</sup> 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.

- |                                                                                                                                                                                                  |                                                          |                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 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 \_\_\_\_\_