

POSITION APPLYING FOR:

1. Name (Last, First, Middle Initial) Mr. Miss Mrs. Ms. 2. Phone Number 3. Social Security No.

4. Present Address (City, State & Zip Code) 5. Place of Birth (City and State)

6. Other Names Previously Used for Employment Purposes 7. (For Agency Use Only)

GENERAL INFORMATION

8. Are you a U.S. Citizen? Yes () No () - Give the Country of your citizenship:

9. a. Were you ever a Federal employee? Yes () No () For highest civilian grade give: _____ / _____
Series Grade

b. Are you receiving a Federal annuity payment? Yes () No ()

10. Do you have any relatives that are Judges, Officers, or employees of the U.S. Courts? Yes () No ()
If so, please give their names, positions, and relationships to you:

11. Have you ever been discharged from a position or asked to resign under the threat of discharge?
Yes () No () If yes, please explain:

12. Have you ever been convicted? Yes () No () (You may omit (1) offenses committed before your 17th 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, please explain in detail:

EDUCATION

13. a. Do you have a high school diploma or GED equivalent? Yes () No () If yes, Date of Completion:

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

c. Special skills, accomplishments, awards, honors, fraternities, sororities, and societies (specify) Yes () No ()

d. Other schools or training such as a trade, vocational, Armed Forces, or business. Gives for each: Name and location of school, dates attended, subject studies, certificates, and any other pertinent dates.

MILITARY SERVICE

14. a. Have you ever served on active duty with the military? Yes () No () If yes, attach a copy of DD214.

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 dates of admission:
Is your Bar membership: Active () Inactive ()

b. Did attend a Bar review course? Yes () No () List type of course:

Dates attending: From: _____ To: _____

Work Experience

Including experience while in military service.
(Start with your present position and work back 10 years)

A

Dates of Employment (month, day, year) From: _____ To: _____	Number of hours worked per week:	Exact Title of Your Position:
Salary or Earnings: Starting \$ _____ Per Final \$ _____ Per	Classification Grade/Level (If in Federal Service)	Place of Employment: Kind of Business or Organization: City: State:
Name and Address of Employer:		Name and Title of Immediate Supervisor:
Business Telephone: Area Code _____ Number _____		
Reason for Leaving:		
Description of Work:		

B

Dates of Employment (month, day, year) From: _____ To: _____	Number of hours worked per week:	Exact Title of Your Position:
Salary or Earnings: Starting \$ _____ Per Final \$ _____ Per	Classification Grade/Level (If in Federal Service)	Place of Employment: Kind of Business or Organization: City: State:
Name and Address of Employer:		Name and Title of Immediate Supervisor:
Business Telephone: Area Code _____ Number _____		
Reason for Leaving:		
Description of Work:		

REMARKS: (Use this space for continuation of answers. List the letter of item being continued)

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

Work Experience Continued

C

Dates of Employment (month, day, year) From: _____ To: _____	Number of hours worked per week:	Exact Title of Your Position:
Salary or Earnings: Starting \$ _____ Per Final \$ _____ Per	Classification Grade/Level (If in Federal Service)	Place of Employment: Kind of Business or Organization: City: State:
Name and Address of Employer:		Name and Title of Immediate Supervisor:
Business Telephone: Area Code _____ Number _____		
Reason for Leaving:		
Description of Work:		

D

Dates of Employment (month, day, year) From: _____ To: _____	Number of hours worked per week:	Exact Title of Your Position:
Salary or Earnings: Starting \$ _____ Per Final \$ _____ Per	Classification Grade/Level (If in Federal Service)	Place of Employment: Kind of Business or Organization: City: State:
Name and Address of Employer:		Name and Title of Immediate Supervisor:
Business Telephone: Area Code _____ Number _____		
Reason for Leaving:		
Description of Work:		

REMARKS: (Use this space for continuation of answers. List the letter of item being continued)

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