

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

B

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

19. During the last 7 years, have you been convicted, imprisoned, on probation, or on parole? *(Include felonies, firearms or explosives violations, misdemeanors, and all other offenses)* YES 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? YES 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? YES 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.)*

[Empty space for providing remarks and explanations for the answers above.]

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 being requested this information to assist the federal judiciary in planning, monitoring, and reporting equal employment opportunities and its supporting programs. Solicitation of this information is in accordance with Judicial Conference of the United States policy. Your furnishing this information is voluntary. There will be no impact on your application if you choose not to complete this form.

Specific Instructions: Please enter your name, position you are applying for, vacancy announcement number, location of position, identify your gender, disability status, and ethnicity. Select the race/national origin category with which you most closely identify. You may select more than one race/national origin category.

1. Name: *(Last, First, MI)* _____
2. Position/ Vacancy #: _____
3. Vacancy Location (Court, Court Unit, etc.) _____
4. Gender: Female Male Non-binary
5. Disability: Yes No
6. Ethnicity: Hispanic Non-Hispanic Origin
7. Race / National Origin: *(select all that apply)*

<input type="checkbox"/> American Indian or Alaska Native	A person having origins with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who identify as "American Indian" or "Alaska Native" and includes groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, and Nome Eskimo Community.
<input type="checkbox"/> Asian	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, or Vietnam.
<input type="checkbox"/> Black/African American	A person having origins in any of the black racial groups in Africa.
<input type="checkbox"/> Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White/Caucasian	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> Some Other Race	A person who does not identify with any of the provided race categories.

For Office Use Only:

Department ID _____