AO 78
(6/03)

APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

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

Instructions - AO78

1. Name (*Last, First, Middle Initial*) Mr Miss. Mrs. Ms.

1 a. Gender F ☐ M ☐

2. Phone Number

3. Social Security Number

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 18th 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 Quarter	Number of Semester	Degree	Date Received	Grade Point Average and/or scholastic standing

Chief Undergraduate Subjects	Credit Hours Quarter	Credit Hours Semester	Chief Graduate Subjects	Credit Hours Quarter	Credit Hours 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: _____ (mm/dd/yyyy) To _____ (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 (*month, day, year*) From: _____ To _____	Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings Starting $ _____ Per _____ Final $ _____ Per _____	Grade/Step *(If in federal Service)*	Place of Employment City _____ State _____	Kind of Business or Organization
Name and Address of Employer (*firm, organization, etc.*)		Name and Title of Immediate Supervisor	
Business Telephone: (*Area Code and Phone Number*)		Number of Employees Supervised	
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 _____	Grade/Step *(If in federal Service)*	Place of Employment City _____ State _____	Kind of Business or Organization
Name and Address of Employer (*firm, organization, etc.*)		Name and Title of Immediate Supervisor	
Business Telephone: (*Area Code and Phone Number*)		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.)

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