

Application for Employment

We consider applicants for all positions without regard to race, sex, color, religion, national origin, age or handicap.

(Please print or type)

Position Applied For	Date of Application	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name
Address		Email (optional)
Telephone Number(s)		Social Security Number

- If you are under 18 years of age, can you provide required proof of your eligibility to work? ' Yes ' No
- Have you ever filed an application with us before? ' Yes ' No
 If Yes, give date _____
- Have you ever been employed with us before? ' Yes ' No
 If Yes, give date _____
- Are you currently employed? ' Yes ' No
- May we contact your present employer? ' Yes ' No
- Are you prevented from lawfully becoming employed in this country because of Visa
 or Immigration Status? *Proof of citizenship or immigration will be required upon employment.* ' Yes ' No
- On what date would you be available for work? _____
- Are you available to work: Full-time Part-time Temporary
- Can you travel if a job requires it? ' Yes ' No
- Have you ever been convicted of a felony? ' Yes ' No
 If Yes, please explain
-
- Do you have any relatives currently employed by the United States Courts? ' Yes ' No
 If Yes, give name, position, relationship
- Do you have any relatives currently employed by the federal government? ' Yes ' No
 If Yes, give name, position, relationship
- Have you ever been employed by the U.S. Courts or other federal agency? ' Yes ' No
- 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.
- Do you have any handicaps which would interfere with your ability to perform the job for which
 you have applied? If Yes, explain under "Remarks" at the end of this form. ' Yes ' No

Education

Mark highest level completed. Some HS' HS/GED' Associate' Bachelor' Master' Doctoral'

Last high school (HS) or GED school. Give the school's name, city, state, ZIP code (if known), and year diploma or GED received.

Colleges and universities attended. Do not attach a copy of your transcript unless requested.

Name	Total Semester Credits Earned	Total Quarter Credits Earned	Major(s)	Degree (if any) - Year Received
City State ZIP Code				

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References

Give name, address and telephone number of three references who are not related to you.

- _____
- _____
- _____

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. Describe any job-related honors, awards and special accomplishments. Describe any job-related training courses (give title and year). State any additional information you feel may be helpful to us in considering your application.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, handicap, or age.

• Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number(s)		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

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Remarks:

Applicant's Statement

I certify that, to the best of my knowledge and belief, the answers given herein are true, correct, complete and made in good faith.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I hereby further certify that I understand that employment with the Eastern District of Washington is at will and subject to termination by the Court.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ' Yes ' No

Remarks:

Interviewer(s)

Date

Employed ' Yes ' No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____

By: _____

Name and Title

Date

NOTES
