APPLICATION FO	OR JUDICIAI Additional Space, Co							
. Name (Last, First, Middle Initial) Mr Miss. Mrs. Ms.	, radinomi spuo,		Gender M		Number		Security Nun	ıber
Present Address (Street, City, State, Zip)		<u> </u>		_(5. Place of City/State Foreign Cou			
Other Names Previously Used for Employment Purposes		7. Date of	of Birth					
ENERAL								
Are you a U.S. Citizen? YES NO	— If not, give the 0	Country o	f your citiz	enship				
a. Were you ever a federal civilian employee?	YES 🗍	NO 🗖	— For	highest civil	ian grade g		/	
b. Are you receiving a federal annuity payment?	YES 🗍 1	NO 🗖				grade		step
c. Are you receiving federal severance pay?	YES 🗍	NO 🗖	Former	agency cont	act/tel:			
O. Do you have any relatives that are Judges, Officers or e	mployees of the Unite	d States C	Courts? If	so, give thei	r names, po	sitions, and relationships	to you.	
 Have you ever been discharged from a position or asked Remarks at the end of this form. 	I to resign under the th	reat of di	scharge?	YES [N O	If yes, explain unde	er	
2. Have you ever been convicted? YES ijuvenile offender law; (2) offenses adjudicated under a violations for which you paid a fine of \$100 or less) If	youth offender law; ((3) offense	es as to wh	ich the reco	-	8 th birthday and adjudicate expunged; (4) minor traf		
DUCATION								
a. Do you have a high school diploma or G.E.D. equiva	ilent?	YES [NO) 🗍 If y	es, Date of	Completion		
b. Name and location of colleges or universities attended (including law schools)	Dates Attende		Numl Quarter	per of Semester	Degree	Date Received	Averag	e Point ge and/or c standin
Chief Undergraduate Subjects	Credit Hours Quarter Sem	nester	Chief Graduate Subjects		Subjects	Credi Quarter	t Hours Semest	
c. Special skills, accomplishments, awards, honors,	fraternities sororities	& societi	as (Spacif	w)	YES	NO T		
d. What was your scholastic standing in college/law			_	UPPER 1/3	_	PER ¼		
e. Were you a member of an editorial board of law i				YES T	_	FER /4 L		
f. Other schools or training such as trade, vocationa subject studied, certificates, and any other pertine	l, Armed Forces, or bu						,	
ILITARY SERVICE								
a. Have you ever served on active duty with the milita	ry? YES		NO [If yes, at	tach DD 21	4 member-4 copy, Notice	of Separation	
b. Are you retired from military service?	es 🗍 NO 🗍	<u> </u>						
PPLICANTS FOR LEGAL POSITIONS a. Are you admitted to the Bar? YES	NO 🗍 If yes,	list the B	ar(s) to wh	ich admitted	d and date(s) of admission:		
Is your Bar membership ACTIVE	INACTIVE [<u> </u>						
b. Did you attend a Bar review course? YE	ES NO	-	pe of cour			T		
		Dates	s Attendin	g: From:	n	mm/dd/yyyy	mm/dd	/3/3/3/3/

WORK EXPERIENCE

Include experience while in military service.

t with your present position and work back 10 years. Use additional page if necessary.)

A	-	is. Ose additional page II necessa			
Dates of Employment (month, day, year) Number of hours per week:		Exact Title of Your Position			
From: To	per week.				
Salary or Earnings	Grade/Step	Place of Employment	1		
Starting \$ Per	(If in federal Service)	City	Kind of Business or Organization		
Final \$ Per	_ `` '	-	`		
	_	State	_		
Name and Address of Employer (firm, organization, etc.)	- <u>-</u> -	Name and Title of Immediate Supervisor			
Business Telephone: (Area Code and Phone Number)	Number of Employees Supervised				
Reason for Leaving					
Description of Work					
В	137 1 01 1 1				
Dates of Employment (month, day, year)	Number of hours worked per week:	Exact Title of Your Position			
From: To	per week.				
Salary or Earnings	Grade/Step	Place of Employment	W. L.CD.		
Starting	(If in federal Service)	City	Kind of Business or Organization		
Final \$ Per	_	State			
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Sup	- Lamilage		
Name and Address of Employer Virm, organization, etc.)		Name and The or miniculate sup	PETVISOI		
Business Telephone: (Area Code and Phone Number)		Number of Employees Supervised			
Business Telephone: (Area Coae and Fnone Number)	Number of Employees Supervised				
Reason for Leaving	-				
D : C CWII-					
Description of Work					
REMARKS: (Use this space for continuation of answers	List the number of items being	g 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

С						
Dates of Employment (month, day, year)		Number of hours worked per week:	Exact Title of Your Position			
From:	То	1				
Salary or Earnings		Grade/Step (If in federal Service)	Place of Employment			
Starting \$	Per	(If in federal Service)	City	Kind of Business or Organization		
Final \$	Per			-		
· 			State	_		
Name and Address of Employer (firm, organization, etc.)			State Name and Title of Immediate Supervisor			
D : TI 1 (1 G			N I OF I			
Business Telephone: (Area Code and Phone Number)			Number of Employees Supervised			
Reason for Leaving						
Description of Work						
D						
Dates of Employment (month, day, year)		Number of hours worked per week:	Exact Title of Your Position			
From:	To					
Salary or Earnings Starting \$ Final \$		C 1 /C/	Place of Employment City			
			State	_		
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 sp	pace for continuation of an	swers. List the number of items being	continued.)			
· · · · ·		_				

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