

# Office of Chief Counsel - Application

OMB Number  
1545-0796

Name and permanent address of applicant (Include ZIP code)		E-mail address	
		Permanent telephone number	
Temporary address of applicant (if applicable) (Include ZIP code)		At temporary address until (Date)	
		Temporary address telephone number	
Have you passed a Bar exam <input type="checkbox"/> Yes <input type="checkbox"/> No	State	Date	Lowest pay or grade acceptable
Have you been admitted to a Bar <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bar plans	Citizen of what country		LSAT score
Law school	Graduation date	Class standing (% rank)	Date available

Activities and honors (Law Review, Coif, Legal Aid, employment while in school, etc. Continue on a separate sheet if necessary.)

College(s)	Dates attended	Major	Degree

Activities and honors (Honorary societies, awards, etc.)

Graduate school (LL.M. or other degree)	Graduation date	Class standing (% rank)	Degree

Tax, accounting or other legal experience (Include writing, jobs, special studies, course work, or research. Continue on a separate sheet if necessary.)

If currently employed, list name, address and telephone number of employer (Include ZIP code and area code)	Dates of employment
	Salary/Earnings
	Name and title of immediate supervisor

Reason for wanting to leave

Description of work (Continue on a separate sheet if necessary.)

May we ask your current employer about your character, qualifications, and employment record  Yes  No

Desired employment location(s)

Military service

Indicate what type of work you are interested in.

Check the box next to each area which interests you. Then rank them in order of preference (1, 2, 3, etc.) **ONLY** if you have specific preferences.

<b>National Office: (Washington D.C. area)</b>		<b>Field Component: (Throughout the U.S.)</b>
<input type="checkbox"/> Corporate	<input type="checkbox"/> Criminal Tax	<input type="checkbox"/> General Legal Services
<input type="checkbox"/> Income Tax & Accounting	<input type="checkbox"/> Tax Exempt/Government Entities	<input type="checkbox"/> Criminal Tax
<input type="checkbox"/> Financial Institutions & Products	<input type="checkbox"/> Small Business/Self Employed	<input type="checkbox"/> Tax Exempt/Government Entities
<input type="checkbox"/> Passthroughs & Special Industries	<input type="checkbox"/> Large & Mid-Size Business	<input type="checkbox"/> Small Business/Self Employed
<input type="checkbox"/> Procedure & Administration	<input type="checkbox"/> International Tax	<input type="checkbox"/> Large & Mid-Size Business
<input type="checkbox"/> General Legal Services	<input type="checkbox"/> Advanced Pricing Agreement Program	<input type="checkbox"/> Wage & Investment (Atlanta area only)
<input type="checkbox"/> Wage & Investment		

References (include complete mailing address and daytime phone number)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature	Date
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**Privacy Act and Paperwork Reduction Act Notice**

**General**

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing the Chief Counsel Application Form. This notice is applicable to all requests made to you to submit information under the Chief Counsel application process.

**Authority**

The authority to collect the information requested under the Chief Counsel application process is derived from 5 U.S.C. 301, and 26 U.S.C. 7801. However, disclosure is voluntary.

**Purposes and Uses**

The information you supply will be used principally to evaluate your qualifications for employment. This information may be furnished:

1. to the Office of Personnel Management for appropriate personnel actions;
2. to members of Congress for the purpose of answering congressional inquiries in cases in which confidentiality has been waived by the individual;
3. to the Department of Justice for the purpose of litigating an action or seeking legal advice;
4. an apparent violation of the law may be referred to the appropriate law enforcement authorities for investigation of possible criminal prosecution, civil court action, or regulatory order;
5. to a Federal State, or local agency maintaining civil, criminal or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to an agency decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit;
6. to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

**Effect of Nondisclosure**

You are not required to supply the information requested in the application process. However, the effect of not providing all of the information requested could be rejection of your application for employment. A false answer to any question on the application form is punishable by law under 18 U.S.C. 1001.

Applicants are encouraged to retain this Notice for future reference as to their rights under the Privacy Act.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 18 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **DO NOT** send this form to this office.

**For information on how to apply for Attorney positions** with the Office of the Chief Counsel, Internal Revenue Service, please visit the [Careers](http://careers.irs.gov) web site on IRS.gov and select the link for Attorneys or click on the following link: [http://jobs.irs.gov/car\\_other\\_atty.html](http://jobs.irs.gov/car_other_atty.html).

Additional remarks

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Declaration for Federal Employment

## GENERAL INFORMATION

<b>1. FULL NAME</b> <i>(First, middle, last)</i> ◆	<b>2. SOCIAL SECURITY NUMBER</b> ◆
<b>3. PLACE OF BIRTH</b> <i>(Include city and state or country)</i> ◆	<b>4. DATE OF BIRTH</b> <i>(MM/DD/YYYY)</i> ◆
<b>5. OTHER NAMES EVER USED</b> <i>(For example, maiden name, nickname, etc)</i> ◆ ◆	<b>6. PHONE NUMBERS</b> <i>(Include area codes)</i> Day ◆ <hr/> Night ◆

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959?  YES  NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System?  YES  NO *If "NO" go to 7c.*
- 7c. If "NO," describe your reason(s) in item #16.

## Military Service

8. Have you ever served in the United States military?  YES *Provide information below*  NO  
*If you answered "YES," list the branch, dates, and type of discharge for all active duty.*  
*If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From <small>MM/DD/YYYY</small>	To <small>MM/DD/YYYY</small>	Type of Discharge

## Background Information

**For all questions, provide all additional requested information under item 16 or on attached sheets.** The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, 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.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? <i>(Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
13. Are you delinquent on any Federal debt? <i>(Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

# Declaration for Federal Employment

Form Approved:  
OMB No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*
- YES      NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES      NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

## Certifications / Additional Questions

**APPLICANT:** *If you are applying for a position and have not yet been selected,* carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** *If you are being appointed,* carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

- 17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)
- 17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

<b>Appointing Officer:</b> Enter Date of Appointment or Conversion MM / DD / YYYY
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18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job?      DATE:      MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?
- YES      NO      Do Not Know
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.
- YES      NO      Do Not Know