



UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
 AN EQUAL OPPORTUNITY EMPLOYER

INTERNAL APPLICATION

Court Resources Department
 U.S. Bankruptcy Court
 255 East Temple Street, 10th Floor
 Los Angeles, CA 90012
 (213) 894-3129

Position Applied For: _____
 Job Announcement Number: _____
 Date Submitted: _____

PERSONAL INFORMATION			
Name: Last	First	Middle Initial	Social Security Number
Address: Number/Street	City	State	Zip
Home Phone Number:		Business Phone Number:	

EDUCATION			
Education (circle last grade completed)	Did you graduate?	Yes	No
8 9 10 11 12	If no, did you pass an equivalency test?	Yes	No
Name and location of high school:	Admission to California State Bar?	Yes	No
	Bar #:		

Name and location of College, Business or Trade School	Semester Hours Completed	Course of Study/Degree

EXPERIENCE		
<p>Begin with your most recent job and any periods of unemployment in the last 10 years, including military service. List any jobs you held more than 10 years ago which relate to the duties of the job in which you are applying and indicate the number of hours per week that you worked. Also, list any volunteer experience at any time which relates to the job for which you are applying. If you are a government employee, please list grade and step or level and step. <i>A resume may be submitted, however, the resume will not be accepted in lieu of this application.</i></p>		
Name of current employer: U.S. BANKRUPTCY COURT Division: Department: Area Code/Phone:	Dates: From To: Hours per week: Current CL: Immediate Supervisor/Phone:	Title: Did you supervise? Yes No No. of subordinates? Reason for leaving?
Briefly describe responsibilities/duties:		

Name of employer:	Dates: From _____ To _____	Title:
Address:	Hours per week:	Did you supervise? Yes No
City/State/Zip:	Highest Gross: \$	No. of subordinates?
Area Code/Phone:	Immediate Supervisor/Phone:	Reason for leaving?
		May we contact? Yes No

Briefly describe responsibilities/duties:

Name of employer:	Dates: From _____ To _____	Title:
Address:	Hours per week:	Did you supervise? Yes No
City/State/Zip:	Highest Gross: \$	No. of subordinates?
Area Code/Phone:	Immediate Supervisor/Phone:	Reason for leaving?
		May we contact? Yes No

Briefly describe responsibilities/duties:

Name of employer:	Dates: From _____ To _____	Title:
Address:	Hours per week:	Did you supervise? Yes No
City/State/Zip:	Highest Gross: \$	No. of subordinates?
Area Code/Phone:	Immediate Supervisor/Phone:	Reason for leaving?
		May we contact? Yes No

Briefly describe responsibilities/duties:

SPECIAL SKILLS/PROFESSIONAL AFFILIATIONS		
Typing/Shorthand Speed:	Software Knowledge:	Other:
Professional Affiliations:		

ADDITIONAL REMARKS

I consent to the release of information about my liability and fitness for Federal Employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists and other authorized employees of the Federal Government. I affirm that the information I have provided is true, and that falsification may be grounds for non-employment or dismissal. I certify that to the best of my knowledge and belief, all of my statements are true, correct and correct and made in good faith.

Signature of Applicant

Date