UNITED STATES ATTORNEY'S OFFICE FOR THE CENTRAL DISTRICT OF CALIFORNIA APPLICATION CHECKLIST

1.	ASSISTANT UNITED STATES ATTORNEY APPLICATION (saved as a native .pdf with fillable fields and not scanned, flattened or including any attachments)		
2.	PERSONAL RESUME		
3.	LAW SCHOOL TRANSCRIPT		
	a. UNOFFICIAL		
	b. OFFICIAL		
4.	ONE WRITING SAMPLE		
	NOTE: The writing sample should be your individual work product and de well and persuasively, applying facts to law. If you are submitting a sample contributed to the work product, we ask that you identify the portions which and wrote.	e in which so	omeone else
5.	RACE AND NATIONAL ORIGIN IDENTIFICATION		
6.	ACTIVE MILITARY OR VETERAN		
7.	Select and rank only those Divisions/Branches you are applying to: Civil, C Santa Ana, or Riverside branches), Asset Forfeiture, Tax, Appeals [check a		

PLEASE BE ADVISED THAT BEFORE WE BEGIN TO PROCESS YOUR APPLICATION, ITEMS ONE THROUGH SEVEN MUST BE RECEIVED BY THIS OFFICE.

07/19



U.S. Department of Justice

United States Attorney Central District of California 312 North Spring Street, Los Angeles, California 90012

APPLICATION FOR EMPLOYMENT AS AN ASSISTANT UNITED STATES ATTORNEY CENTRAL DISTRICT OF CALIFORNIA

		Date:
I. PERSONAL INFORMATION		
1. Last Name:	2. First Name:	3. Sex:
4. U.S. Citizen:	5. Employer:	6. Telephone:
7 Address:		
8. City, State, Zip	•	
9. Work Email Ac	ldress	
10. Home Address:		11. Home Telephone:
		12. Cellular:
13. City, State, Zi	p:	
14. Home Email .	Address	
which he or she is appoin	nted or within 25 miles thereof.	ntes Attorney shall reside in the district for CDCA:

II. EDUCATION INFORMATION		
16. Law School:		17. Grad. Date:
20. Significant Activities ar	nd Awards:	
NOTE: YOU MUST REQ	UEST YOUR LAW SCHOOL TO I	PROMPTLY FORWARD AN OFFICIAL
	GRADES TO THIS OFFICE.	
		23. Degree:
24. Grad. Date:	25. GPA: YR	26. Class Standing:
27. Significant Activities ar	u Awaras:	

28. School:			10/YR
80. Degree and Subject of Study:			
31. Significant Activities and Awards	S :		
	III. LEGAL BAC	CKGROUND	
32. Admitted to Practice Law in:		on	
(include up to two here; you may indicate additional bars	STATE	MO/YR	
on your resume)	STATE	on	
	SIAIE	MO/YR	
xamination? If you answered yes, please id	lentify the state bar ji	urisdiction and date	spende
examination? If you answered yes, please id 34. Have you ever been denied admicensured, or had your state bar licen	lentify the state bar ju ssion to any state ban ase revoked by any sta	urisdiction and date r jurisdiction or have you ever been sus ate bar or current jurisdiction?	_
34. Have you ever been denied admi	lentify the state bar ju ssion to any state ban ase revoked by any sta	urisdiction and date r jurisdiction or have you ever been sus ate bar or current jurisdiction?	_
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<u>NOTE</u>: YOU ARE REQUIRED TO SUBMIT WITH YOUR APPLICATION A CERTIFICATE OF GOOD STANDING OR DOCUMENTARY PROOF FROM THE APPROPRIATE STATE AGENCY STATING THAT YOU ARE CURRENTLY AN ACTIVE, PAID AND REGISTERED MEMBER OF A STATE BAR.

IV. PAST JUDICIAL CLERKSHIPS, EMPLOYERS, AND REFERENCES

JUDICIAL CLERKSHIP:

DATES	JUDGE	COURT
Fr: MM/YR		
To: MM/YR		
Fr: MM/YR		
To: MM/YR		

EMPLOYERS (include present employer; if you have more employers than space provided below, please include in your resume.):

DATES	FIRM and ADDRESS	SUPERVISOR and TELEPHONE
Fr: MM/YR		
To: MM/YR		
Fr: MM/YR		
To: MM/YR		

Fr: MM/YR		
To: MM/YR		
Fr: MM/YR		
To: MM/YR		
EFERENCES:		
NAMES/OCCUPATION	ADDRESS	TELEPHONE

35. Please identify any person(s) currently working in the U.S. Attorney's Office, CDCA whom you know and state the nature of the relationship.
36. Do you authorize this Office to contact your current employer?
37. Do you authorize this Office to contact your references?
38. Identify any matter which you have worked on and/or are currently working on involving this Office, and, provide the name of the AUSA assigned to it. If, during the course of the application process, you begin working on any other matter involving this Office, please advise us by written letter with the requisite information.
You have been asked in the foregoing if you are working on a case involving this Office and to list the name of the case and the Assistant United States Attorney working on the case. Please do not list or request those Assistant United States Attorneys to serve as references. NOTE: If you are currently working on a criminal or civil case involving this Office, please be aware that we believe that upon applying to this office a potential conflict exists between you and your clients' interest. We expect that you will resolve expeditiously any potential conflicts in the appropriate manner.

NOTE TO APPLICANT: Please read the following paragraph carefully and then sign this statem A false answer to any of the written questions may be grounds for terminating your employment or denying you employment in a Department of Justice (DOJ) sensitive position and may be punishable by fine or imprisonment. All the information you have submitted to be considered in reviewing your responses and is subject to investigation (Title 18 U.S.C. § 1001). CERTIFICATION - I CERTIFY that all the statements made on this form and on any attachments to this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. No promises or threats have been made to me, and no pressure or coercion of any kind has been applied against me by any employee of the Unite States Government.		V. CERTIFICATION
attachments to this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. No promises or threats have been made to me, and no pressure or coercion of any kind has been applied against me by any employee of the Unit	A false answer employment or and may be pu be considered	r to any of the written questions may be grounds for terminating your r denying you employment in a Department of Justice (DOJ) sensitive position, unishable by fine or imprisonment. All the information you have submitted will
	attachments to belief, and are pressure or co	this form are true, complete, and correct to the best of my knowledge and made in good faith. No promises or threats have been made to me, and no ercion of any kind has been applied against me by any employee of the United
DATE		DATE

RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Name (Last, First Middle Initial)
Privacy Act Statement You are requested to furnish this information under the authority of 42 U.S.C. § 2000e-16, whice requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."
Your furnishing this information is voluntary . Your failure to do so will have no effect on you or on your application for Federal employment.
Specific Instructions : The categories below are designed to identify the basic racial and national origin category. If you are of mixed racial and/or national origin, identify yourself by the category with which you most closely identify yourself. Select the appropriate category.
Name of Category (Select ONE only)
Ethnicity
Please follow the directions for submission as found in the "Application Process" section of the job posting.
For CDCA only