U.S. Department of Justice United States Attorney's Office Southern District of New York



APPLICATION FOR THE POSITION OF ASSISTANT UNITED STATES ATTORNEY

ASSISTANT UNITED STATES ATTORNEY			
I. CONTACT INFORMATION			
A. Personal Contact Information			
Name:			
Street Address:			
City:	State:	Zip Code:	
Personal Email Address:			
Personal Telephone Number:			
	B. Work Contact Informatio	n	
Name of Current Employer:			
Street Address:			
City:	State:	Zip Code:	
Work Email Address:			
Work Telephone Number:			

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Have you previously applied to be an Assistant United States Attorney in the SDNY? Yes No

If you answered yes, identify the month and year in which you applied and the result of the application:

Are you applying for an attorney position with any other United States Attorney's Office or any other Department of Justice component? Yes No

If you answered yes, please identify the office to which you have applied, the month/year of the application, and the current status of the application:

III. VETERAN'S STATUS

Have you served in the United States Armed Forces? Yes No

If so, please identify by branch and dates of service:

A. Law School
Name of Law School Conferring Degree:
Degree: Graduation Date:
Class Standing (if available):
Significant Honor(s) (if any):
Significant Law School Activities (e.g., journal participation, clinical or other externship experience, membership in student or community organizations, etc.) (if any):
If you attended any other law school, please identify the law school, the dates of attendance, and degrees conferred, if any:
B. Undergraduate School
Name of Undergraduate School:
Name of Undergraduate School:
Name of Undergraduate School: Degree: Graduation Date:
Name of Undergraduate School: Degree: Graduation Date:
Name of Undergraduate School: Degree: Graduation Date: Significant Honor(s) and/or Activities (if any):
Name of Undergraduate School: Degree: Graduation Date: Significant Honor(s) and/or Activities (if any): C. Other Post-Graduate Education
Name of Undergraduate School: Degree: Graduation Date: Significant Honor(s) and/or Activities (if any): C. Other Post-Graduate Education Name of Institution:

EDUCATION

IV.

	V. BAR ADMISSIONS			
		A. Admission(s) to State Bar		
States	: Date:			
States	: Date:			
States	: Date:			
	В	3. Admission(s) to Federal Courts (if any)		
	Court:	Date:		
	Court:	Date:		
	Court:	Date:		
		C. Record of Discipline		
Have you ever been disciplined or sanctioned by a state bar or a court for your conduct as an attorney? Yes No				
If you answered yes, please describe the circumstances below:				

VI. EMPLOYMENT HISTORY AND REFERENCES				
A. Current Employer				
Name of Current Employer:				
Your Title at Current Employer:				
Dates of Employment:				
Street Address:				
City: Zip Code:				
1. Current Supervisor				
Name of Current Supervisor:				
Tel. No.:				
Email Address:				
Do you authorize this Office to contact your current employer, including the supervisor you have listed above? Yes No Other (please explain):				
2. Other Reference(s) From This Employer (if any)				
Name:				
Nature of Relationship (e.g., supervisor, co-worker, subordinate, client):				
Dates of Relationship:				
Tel. No. for this reference:				
Email for this reference:				
Do you authorize this Office to contact this reference from your current employer? Yes No Other (please explain):				

В.	Previous	Empl	lovers

Beginning with the most recent employment prior to your current job, please include all employers since you graduated from law school. If you have had more than three previous employers since you graduated from law school, please provide the information requested regarding these additional employees on separate sheet(s) of paper. (NB: Unless you inform us otherwise, we will assume that you authorize us to contact the employer(s) listed below):

1. Previous Employer (1)

Name of Previous Employer:

Your Title:

Dates of Employment:

Street Address:

City: State: Zip Code:

Supervisor's Name:

Tel. No.:

Other Reference(s) From This Employer (if any)

Name:

Nature of Relationship (e.g., supervisor, co-worker, subordinate, client):

Dates of Relationship:

Tel. No. for this reference:

Email for this reference:

2.	Previous Employer (2)			
Name o	f Previous Employer:			
Your T	itle:			
Dates o	f Employment:			
Street A	Address:			
City:	St	tate:	Zip Code:	
Superv	isor's Name:			
Tel. No	.:			
Other 1	Reference(s) From This Emplo	oyer (if any)		
Name:	Name:			
Nature of Relationship (e.g., supervisor, co-worker, subordinate, client):				
Dates of Relationship:				
Tel. No. for this reference:				
Email f	Email for this reference:			

3. Previous Employer (3)				
Name of Previous Employer:				
Your Title:				
Dates of Employment:				
Street Address:				
City:	State:	Zip Code:		
Supervisor's Name:				
Tel. No.:				
Other Reference(s) From This E	Employer (if any)			
Name:				
Nature of Relationship (e.g., supervisor, co-worker, subordinate, client):				
Dates of Relationship:				
Tel. No. for this reference:				
Email for this reference:				

Have you made any commitment to your current employer or any prospective employer to work for a specific timeframe? Yes No
If you answered yes, please describe the nature of the commitment:

C. Commitments to Other Employers

VII. MISCELLANEOUS BACKGROUND INFORMATION

Have you ever been charged and/or convicted of a crime? Yes No
Since starting law school, have you engaged in the illegal use and/or supply of any drug or controlled substance? Yes No
Since starting law school, have you failed to file or pay Federal, state or other taxes when required by law or ordinance? Yes No
If you answered yes to any of the questions in this section, please explain the circumstances below. If necessary, you may provide your explanation on a separate sheet of paper and attach it to this form. Please note that answering yes to any of these questions is <u>not</u> per se disqualifying.

VIII. POTENTIAL CONFLICT OF INTEREST ISSUES

Identify any matter on which you have worked, including closed matters and/or matters on which you are currently working involving this Office and, provide the name of the AUSA(s) 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 letter with the requisite information.

IV	CERTIFIC	ATION
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NOTE TO APPLICANT: Before submitting your application, please be sure to consult with the instructions accompanying this form at https://www.justice.gov/usao-sdny/assistant-usa-employment. Among the things we will consider in evaluating your application is whether you complied with these instructions.

We will consider all of the information you have submitted as part of our evaluation of your application, and that information is subject to our further investigation and/or verification. It is therefore important that this information be accurate. Please read the following paragraph carefully and then sign this certification:

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.	
Signature:	
Dated:	