UNITED STATES TAX COURT APPLICATION FOR EMPLOYMENT

If you need additional space, continue under "Remarks" listing item number

1.	Name (Last, First, Middle Initial)					
2.	Present Address (Street, City, State, Zip)					
3.	Email Address		4. Phone Number			
5.	Other Names Previously Used for Employment Purposes					
6.	Are you a U.S. Citizen	□ Yes □ No	If no, please answer questions 7, 8, and 9.			
7.	If you are not a U.S. Citizen are you a person who is lawfully admitted for permanent residence and is seeking citizenship as outlined in 8 U.S.C. 1324b(a)(3)(B)?	□ Yes □ No				
8.	If you are not a U.S. Citizen are you a person who is admitted as a refugee under 8 U.S.C. 1157 or is granted asylum under 8 U.S.C. 1158 and has filed a declaration of intention to become a lawful permanent resident and then a citizen when eligible?	□ Yes □ No				
9.	If you are not a U.S. Citizen are you a person who owes allegiance to the United States (i.e., nationals of American Samoa and Swains Island or the Northern Mariana Islands)	□ Yes □ No				
GENERAL						
10.	a. Were you ever a federal civilian employee?	□ Yes □ No	If yes, give highest civilian grade:			
	b. Are you receiving a federal civilian annuity payment?	□ Yes □ No				
	c. Are you receiving federal severance pay?	□ Yes □ No	If yes, give former agency contact/ telephone:			
	d. Have you received a federal separation incentive payment in the past 5 years?	□ Yes □ No	If yes, state mo/yr received and former agency contact/telephone:			

	Do you have any relatives who are Judges, Officers or employees of the United States Tax Court.			□ Yes	□ No	If yes, give their nam relationship to you _	
12. Have	12. Have you ever served on active duty with the military?			□ Yes	□ No	(If selected, you will DD-214 (copy 4), Ce Discharge from Activ service may be verific	ertificate of Release or we Duty, so that your
13. a. Are	13. a. Are you a male born after December 31, 1959?			□ Yes	□ No	If no, skip 13b and 13c. If yes, go to 13b.	
b. Ha	b. Have you registered with the Selective Service System?			□ Yes	□ No	If yes, provide Select	tive Service Number:
c. If"	No," describe your reason(s) below.						
EDUCATION							
14. a. Do you have a high school diploma or G.E.D. equivalent? \(\subseteq \text{Yes} \subseteq \text{No} \) If yes, Date of Completion							
	b. Name and Location of colleges or	Dates Attended		Hours	Degree		Grade Point
	universities attended (including law schools)		Quarter	Semeste			Average and/or scholastic standing
14. c. Other schools or training attended (list name/location of school, dates attended, subject studied, certificates received, and other pertinent data):							

JOB RELATED SKILLS, AWARDS, SPECIAL ACCOMPLISHMENTS					
15. List any skills (e.g., language, computer, keyboarding speed), honors, awards, or special accomplishments (e.g., memberships in professional/honor societies, leadership activities, performance awards) that you believe are relevant to your ability to perform the job:					
APPLI	CANTS	FOR L	EGAL POSITIONS		
16. a. Are you admitted to the Bar?	□Yes	□No	If yes, list the Bar(s) to which admitted and date(s) of admission. If no, skip to 16 b		
Is your Bar Membership	□ Activ	ve □ Inac	etive		
b. What was your scholastic standing in law school?	□ Upper ½ □ Upper ⅓ □ Upper ¼				
c. Were you a member of an editorial board of law review or a moot court participant?	□Yes	□No			
17. REMARKS (Use this space or additional sheets for continuation of answers. List the item number being explained.)					

WORK EXPERIENCE (Start with your present position and work back 10 years. Include any military service. Use additional page if necessary.)						
A						
Dates of Employment (mm/dd/yyyy) From: To:	Number of hours worked per week:	Exact Title of Your Position				
Salary or Earnings Starting \$	Pay Plan/Grade (If in Federal Service)	Place of Employment City State				
Name and Address of Employer (firm, organization, etc.) Business Telephone: (Area Code and Phone Number)	Name and Title of Immediate Supervisor					
Reason for Leaving						
Description of Work						
В	1					
Dates of Employment (mm/dd/yyyy) From: To:	Number of hours worked per week:	Exact Title of Your Position				
Salary or Earnings Starting \$	Pay Plan/Grade (If in Federal Service)	Place of Employment City State				
Name and Address of Employer (firm, organization, etc.) Business Telephone: (Area Code and Phone Number)	Name and Title of Immediate Supervisor					
Reason for Leaving						
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Description of Work						
C						
Dates of Employment (mm/dd/yyyy)	Number of hours worked	Exact Title of Your Position				
From: To:	per week:					
Salary or Earnings	Pay Plan/Grade	Place of Employment				
Starting \$ Per	(If in Federal Service)	City				
Final \$ Per		State				
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor				
Business Telephone: (Area Code and Phone Number)						
Reason for Leaving						
Description of Work						
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Dates of Employment (mm/dd/yyyy) From: To:	Number of hours worked per week:	Exact Title of Your Position				
Salary or Earnings Starting \$	Pay Plan/Grade (If in Federal Service)	Place of Employment City State				
Name and Address of Employer (firm, organization, etc.)	<u> </u>	Name and Title of Immediate Supervisor				
Business Telephone: (Area Code and Phone Number)						
Reason for Leaving						
Description of Work						
APPLICANT CERTIFICATION						
I certify that, to the best of my knowledge and belief, all 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 provide may be investigated.						
SIGNATURE	D	DATE SIGNED				