

U.S. DISTRICT COURT DISTRICT OF NEW JERSEY

CRIMINAL HISTORY CHECK FORM (CCH)

Please type or print clearly:

Law Clerk

Clerk's Office New Hire

Judicial Chambers:		Position:	
Length o	of Term: Start Date:	End Date:	
please include the initia		aly). If the applicant does no	oplicant. If applicant only has a middle initial, thave a middle initial, please write "NMN." Driver's License:
•			Expiration Date:
P. 1137			
	(First Name)	(Middle Name)	(Last Name)
Current Address:			
City/Town:	State:	Zip	code:
		1	
Social Security Number:		Date of Birth:	
	ted?		
	ricted of a crime?		
	icted of a crime?		
U.S. Citizen/Legal Reside			
		enship:	
Place (State/County) of B	Birth:		
Gender:			
	Weight:		
Hair Color:	Eye Color:		
Applicant Signature:		Date:	

Note: Please return this form and a photocopy or PDF of your valid Driver's License.

Any false statements or omissions in this application may lead to a withdrawal of an offer of employment/internship, or termination of employment/internship.