	JNITED STATES I DISTRICT OF N William T. Clerl	NEW JERSEY . Walsh	URT	
CF	RIMINAL HISTORY (CHECK FORM	(CCH)	
□Law Clerk □Fellowship	<u>PLEASE TYPE</u> Program/Federal Work St		ARY □Intern/Volunteer/Extern □Clerk's Office New Hire	
Judicial Chamb	pers:	- 		
	: From//			
*Interns & Externs only: If under a information		-	Program, please complete the following	
Name of School	Contact Person		Contact Email	
followed by "IO' (Initial Only). If the applican	t does not have a middle initial,	, please write "NMN.		
*Please complete the following address inf	ormation <u>as it appears on yo</u>	our Driver's Licens	<u>e</u> :	
Driver's License Number:		_State Issued:	Expiration Date:	
Full Name:				
		LAST	MIDDLE NAME/MI	
Current Address:				
City/Town:	State:	Zip co	de:	
Social Security Number:		Date of Birth (m	m/dd/yyyy): /	
Contact number: ()		Email address: _		
Have you ever been arrested? If yes, please explain:	□Yes □No			
Have you ever been convicted of a c	Therefore \Box Yes \Box No			
U.S. Citizen/Legal Resident?	\Box Yes \Box No			
If not a U.S. Citizen, please ind	icate country of citizenshi	p:		
Place (State/County) of Birth:				
Gender: □Male □Female Height:		Race: Weight:		
Hair Color:	E	ye Color:		
Applicant Signature		Da	te://	
Note: Please send this form <u>a</u>	<u>nd</u> a photocopy or picture o	of your Driver's L	icense to <u>CCH@njd.uscourts.gov</u>	
Any false statements or omission	s in this application may lea termination of employn		of an offer of employment/internship, or	