



U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
Melissa E. Rhoads, Clerk

**CRIMINAL HISTORY CHECK FORM (CCH)**

Please select the below information from the drop-down menus:

Office/Chambers: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Term: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Are you participating in a Federal Work Study or Fellowship Program? Yes No

If working under a Federal Work Study Program or a Fellowship Program, please complete the following information

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Email

\*Please complete the below name and address information **as it appears on your Driver's License:**

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Current Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

U.S. Citizen/Legal Resident? \_\_\_\_\_

If not a U.S. Citizen, please indicate country of citizenship: \_\_\_\_\_

Place (State/County) of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Please send this form and a photocopy or picture of your 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.*