



U.S. DISTRICT COURT
 DISTRICT OF NEW JERSEY
 Melissa E. Rhoads, Esq., 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
<i>*Interns & Externs only: If under a <u>Federal Work Study Program</u> or a <u>Fellowship Program</u>, please complete the following information</i>		
_____	_____	_____
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.