

**United States District Court
Eastern District of New York**

PART A - BASIC INFORMATION

Name (Last, First, Middle)
As noted on official records

Alias(es), if any

Date of Birth

Social Security #

Home Address

City/State

Zip Code

Employment Date

Term of Clerkship (Law Clerk only)

Home Phone #

Mobile phone #

Personal E-mail

Position Title

Duty Station

Work Unit

Chambers (indicate judge name)

Brooklyn

Chambers

Central Islip

Clerk's Office

Court Reporter

Interpreter

PART B - PEDIGREE INFORMATION FOR BACKGROUND INVESTIGATIONS

Place of Birth (City/State/Country)

Citizenship

Gender

Race (Please select one)

Eye Color

Hair Color

Weight

Height

PART C - PERSONAL INFORMATION

Emergency Contact (Name)

Relationship

Contact Home Phone #

Contact Cell Phone #

PART D - MEDICAL INFORMATION

Physician

Hospital

Conditions/Allergies (if any)

PART E - AUTHORIZATION TO RELEASE INFORMATION REQUESTED FOR BACKGROUND INVESTIGATIONS

I

consent to a criminal background investigation conducted by the U.S. Government as a condition of employment and/or services as an employee/officer of the United States District Court for the Eastern District of New York.

I consent to and authorize the disclosure of all information to the Court, including, but not limited to, criminal records, and records of government bodies and credit agencies.

I hereby waive any privilege of confidentiality with respect to the release of any such information to the U.S. District Court. A photocopy or facsimile of this authorization shall be considered valid, as the original will remain on file at the U.S. District Court for the Eastern District of New York, and for this any future reports or updates that may be requested in relation to employment and/or services.

Signature

Date