

POSITION ANNOUNCEMENT ASSISTANT FEDERAL PUBLIC DEFENDER

Application deadline: December 5, 2018 Posted: November 16, 2018

The Federal Public Defender for the Central District of Illinois is accepting applications for the fulltime, permanent position of Assistant Federal Public Defender. While the official duty station will be Springfield, IL, the successful candidate will be required to appear in court in both the Springfield Urbana Divisions. Accordingly, the position will involve regular travel between Springfield and Urbana. The Federal Public Defender's Office provides defense services in federal criminal cases and related matters in federal court pursuant to the Criminal Justice Act, 18 U.S.C. Section 3006A. The outside practice of law is prohibited. An Assistant Federal Public Defender must have a commitment to the representation of indigent clients, a reputation for personal integrity, and meet the following qualifications:

- (1) experience in the area of criminal defense, preferably in the federal court system;
- (2) extensive trial experience;
- (3) excellent oral communication;
- (4) computer literacy;
- (5) proven research and writing skills;

Applicants must be (1) United States citizens or authorized to work in the United States: (2) licensed by the highest court of a state, federal territory, or the District of Columbia; and (3) a member in good standing in all courts where admitted to practice. Direct deposit is required for payment of compensation to employees. The selected candidate will be subject to an FBI fingerprint check as a condition of employment, and may be subject to periodic updates.

Qualified persons may apply by sending the following, in one PDF document, to:

ilchr@fd.org

- (1) letter of interest
- (2) resume with three professional references familiar with applicant's legal skills
- (3) recent writing sample that has not been edited by others
- (4) completed AO78 Application for Judicial Employment

Interviews will be held December 20, 2018, in Springfield, IL. The selected candidate will be requested to start January 21, 2019.

The Federal Public Defender for the Central District of Illinois is an Equal Opportunity Employer. Women and minorities are encouraged to apply. Costs associated with interviewing and relocation will not be reimbursed. No telephone inquiries.

Website: http://ilc.fd.org

FEDERAL JUDICIAL BRANCH APPLICATION FOR EMPLOYMENT

If you need additional space, continue under "Remarks" listing item number

1. Name (Last, First, Middle Initial)	2. Phone Number							
3. Present Address (Street, City, State, Zip)								
4. Email Address								
5. Other Names Previously Used for Employment Purposes					6. Date of Birth (complete only for law enforcement positions)			
7. Are you a U.S. Citizen?		YES		ERAL NO	If no, give the Country of your citizenship			
8. a. Were you ever a federal civilian employee?	□	YES	□	NO	If yes, give highest civilian grade: Pay Plan Grade Step			
b. Are you receiving a federal civilian annuity payment?	□	YES		NO				
c. Are you receiving federal severance pay?	□	YES	□	NO	If yes, give former agency contact/telephone:			
d. Have you received a federal separation incentive payment in the past 5 years?	□	YES	σ	NO	If yes, state mo/yr received and former agency contact/telephone:			
9. Do you have any relatives who are Judges, Officers or		YES		NO	If yes, give their names, positions, and relationships to you.			
employees of the United States Courts?								
10. Have you ever served on active duty with the military?	□	YES	□	NO	(If selected, you will need to provide your DD-214 (copy 4), Certificate of Release or Discharge from Active Duty, so that your service may be verified and credited)			
В	ACI	KGROU	JND	INFO	PRMATION			
violation of law committed before your 16th birthday, (3) any violation	n of 1	aw comn	nitted	before	nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any your 18 th birthday if finally decided in juvenile court or under a Youth Offender and (5) any conviction for which the record was expunged under Federal or state			
11. During the last 10 years, have you been convicted, imprisoned, on probation, or on parole? (Include felonies, firearms or explosives violations, misdemeanors, and all other offenses)	□	YES		NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of police dept or court.			
12. Have you been convicted by a military court-martial in the past 10 years?		YES		NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of military authority or court.			
13. Are you now under charges for any violation of law?		YES		NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of police dept or court.			
14. During the last 10 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency?		YES		NO	If yes, provide in Section 19 the date, explanation of problem, reason for leaving, and employer's name/address.			
15. Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans (e.g., student loan, home mortgage loan)).		YES	٥	NO	If yes, provide in Section 19 the type, length, and amount of delinquency/default, and steps being taken to correct the error/repay the debt.			
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16. a. Do you have a high school diploma or G.E.D. equivalent?	□	YES		NO	If yes, Date of Completion			

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b. Name and location of colleges or universities	Do	tes Attended		Credit F	Hours	Dagrag	Date Received	Grade Point
attended (including law schools)	Da	ies Attended	Qu	arter	Semester	Degree	Date Received	Average and/or scholastic standing
16. c. Other schools or training attended (list name/location of schools)	ol dat	as attended si	uhieet s	tudied c	artificatas r	eceived and o	other pertinent data):	
10. C. Other schools of training attended (use name) location of school	oi, uui	es anemea, si	iojeci s	inaica, c	ernjieures r	ecerrea, ana e	iner perimeni adia).	
JOB RELATED SK								
17. List any skills (e.g., language, computer, keyboarding speed), ho activities, performance awards) that you believe are relevant to your	onors, a	wards, or spec	cial acc	omplishr	ments (e.g.,	memberships	in professional/honor	societies, leadership
activities, performance awards) that you believe are relevant to your	aomiy	to periorii un	e job.					
APP	LICA	NTS FOR I	LEGA	L POS	ITIONS			
18. a. Are you admitted to the Bar?		YES 🗖	NO	If yes, li	ist the Bar(s) to which adr	mitted and date(s) of a	dmission. If no, skip to
				18b.				
Is your Bar membership	□	ACTIVE		INACTI	IVE			
b. What was your scholastic standing in law school?		UPPER ½		UPPER	1/3	UPPER 1/4		
c. Were you a member of an editorial board of law review or a			No					
		125	110					
moot court participant?	for		of an a	1:	at the item		u a comlain ad \	
19. REMARKS (Use this space	jor c	ontinuation c	of ansv	vers. Li	st the item	number bei	ng expiainea.)	

WORK EXPERIENCE

(Start with your present position and work back 10 years. Include any military service. Use additional page if necessary.)

Number of hours

Dates of Employment (mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
From: To:		
Salary or Earnings	Pay Plan/Grade (If in federal Service)	Place of Employment
Starting \$ Per		City
Final \$ Per		State
Name and Address of Employer (firm, organization, etc.)	I	Name and Title of Immediate Supervisor
Business Telephone: (Area Code and Phone Number)		
Reason for Leaving		
Description of Work		
В		
Dates of Employment (mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
From: To:	, , , , , , , , , , , , , , , , , , ,	
Salary or Earnings	Pay Plan/Grade (If in federal Service)	Place of Employment
Starting \$ Per		City
Final \$ Per		State
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor
Business Telephone: (Area Code and Phone Number)		
Reason for Leaving		
Description of Work		

C		
Dates of Employment (mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
From: To:		
Salary or Earnings	Pay Plan/Grade (If in federal Service)	Place of Employment
Starting \$ Per		City
Final \$ Per		State
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor
Business Telephone: (Area Code and Phone Number)		
Reason for Leaving		
Description of Work		
D		
D Dates of Employment (mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
		Exact Title of Your Position
Dates of Employment (mm/dd/yyyy)		Exact Title of Your Position Place of Employment
Dates of Employment (mm/dd/yyyy) From: To:	worked per week: Pay Plan/Grade	
Dates of Employment (mm/dd/yyyy) From: To: Salary or Earnings	worked per week: Pay Plan/Grade	Place of Employment
Dates of Employment (mm/dd/yyyy) From: To: Salary or Earnings Starting \$ Per	worked per week: Pay Plan/Grade	Place of Employment City
Dates of Employment (mm/dd/yyyy) From: To: Salary or Earnings Starting \$ Per	worked per week: Pay Plan/Grade	Place of Employment City State
Dates of Employment (mm/dd/yyyy) From: To: Salary or Earnings Starting \$ Per	worked per week: Pay Plan/Grade	Place of Employment City State
Dates of Employment (mm/dd/yyyy) From: To: Salary or Earnings Starting \$ Per Final \$ Per Name and Address of Employer (firm, organization, etc.)	worked per week: Pay Plan/Grade	Place of Employment City State
Dates of Employment (mm/dd/yyyy) From: To: Salary or Earnings Starting \$ Per Final \$ Per Name and Address of Employer (firm, organization, etc.) Business Telephone: (Area Code and Phone Number)	worked per week: Pay Plan/Grade	Place of Employment City State
Dates of Employment (mm/dd/yyyy) From: To: Salary or Earnings Starting \$ Per Final \$ Per Name and Address of Employer (firm, organization, etc.) Business Telephone: (Area Code and Phone Number) Reason for Leaving	worked per week: Pay Plan/Grade	Place of Employment City State
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APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good
faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work,
and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE	DATE SIGNED	
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