APPLICATION

JUDGE OF THE MAGISTRATE DIVISION OF THE DISTRICT COURT

INSTRUCTIONS

- Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if the applicant intentionally makes a false statement of a material fact or practices or attempts to practice any deception or fraud in the application, in the examination, or in the appointment.
- ◆ ALL ENTRIES, EXCEPT FOR SIGNATURE, MUST BE PRINTED LEGIBLY WITH PEN AND INK, BALLPOINT PEN, OR be TYPED.
- If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of paper the same size as this application and number answers to correspond with questions.
- ♦ If you wish to submit letters of recommendation with your application, you must limit the quantity to no more than five (5).

I. PERSONAL DATA

1.	Name:						
	Last	ţ		First			Middle
2.	Present Address:						
		City	State				IP
3.	List how long you	have live	ed at this a	ddress:			
4.	Give your home a	address fo	or the past	five (5) yea	ırs, exclı	uding yo	our present address:
	<u>Address</u>			City	<u>State</u>	ZIP	Dates Lived At Address

5.	Telephone Number: Home	Business	S			
6.	E-mail address:					
7.	If appointed to the magistrate judge position?	-		t thirty) Yes	, ,	years of) No
8.	Are you a U.S. Citizen?		() Yes	() No
9.	If appointed to the magistrate judge positive state of Idaho for at least two (2) corposition?		ne ti		ı ass	sume the
10	If appointed to the magistrate judge position an active or judicial member of the Idah years immediately preceding the appointment	no state bar of at I	east		2) co	ntinuous
11	If appointed to the magistrate judge posit law or held a judicial office in one (1) continuous years immediately preceding a	or more jurisdiction	ns		least	•
12	Do you have the ability to travel?		() Yes	() No
	II. EDUC	CATION				
9.	Name of colleges or universities attended	l:				
	School and Location	Dates Attended	<u>De</u>	gree Y	ear De	gree Rec'd.
	A. Chief undergraduate college subjects:					

В.	Chief graduate college subjects:
C.	State major field of study at highest level of college work:
D.	List other schools or training (for example: trade, vocational, Armed Forces or business) and give for each the name and location of school, dates attended, subjects studied, certificates and any other pertinent date:
	(a)
	(b)
	(c)
	(d)
	III. MILITARY
	are you presently serving or have you ever served in the Armed Forces of the Jnited States? () Yes () No
11. If	YES, attach a detailed statement including:
(a	a) branch of service:

- (b) serial number;
- (c) rank;
- (d) inclusive dates of your service;
- (e) type of discharge (A less than honorable or general discharge is not an absolute bar to appointment, and other factors will affect a final decision to appoint.);
- (f) whether or not you were ever convicted by a court-martial or subjected to punishment under article 15 of the Uniform Code of Military Justice (If yes, give complete details.);
- (g) if discharged, attach a copy of your discharge or separation papers. Do not attach a discharge or separation based on medical reasons.

IV. EMPLOYMENT

12.	What is your present occupa	tion?		
13.	List below your complete wor your present position and wo periods of unemployment. A	rking backward	l to your first e	mployment. List any
Α.				
, · ·	Date of Employment (From/To)		Place of Employme	nt
	Exact Title of Position		Type of Business (N	/Infg., Acct., Ins., etc.)
	Address of Employment		City	State ZIP
	Phone Number	Type and Number	of Employees you	Supervised
	Name, Title and Address of Immediate	Supervisor		
	Description of Work:			
	Reason for Leaving:			
В.				
υ.	Date of Employment (From/To)	F	Place of Employme	nt
	Exact Title of Position		Type of Business (N	/Infg., Acct., Ins., etc.)

Address of Employment		City	State ZIP
Phone Number	Type and Numb	per of Employees you S	Supervised
Name, Title and Address of Immed	iate Supervisor		
Description of Work:			
Reason for Leaving:			
Date of Employment (From/To)		Place of Employmen	nt
Exact Title of Position		Type of Business (N	/Infg., Acct., Ins., etc.)
Address of Employment		City	State ZIP
Phone Number	Type and Numb	per of Employees you \$	Supervised
Name, Title and Address of Immed	iate Supervisor		
Description of Work:			
Reason for Leaving:			
		- 	
Date of Employment (From/To)		Place of Employmer	nt
Exact Title of Position		Type of Business (M	/Infg., Acct., Ins., etc.)

Address of Employment		City	State ZIP
Phone Number	Type and Nur	nber of Employees you \$	Supervised
Name, Title and Address of Imm	ediate Supervisor		
Description of Work:			
Reason for Leaving:			
Date of Employment (From/To)		Place of Employme	nt
Exact Title of Position		Type of Business (N	/Infg., Acct., Ins., etc.)
Exact Title of Fosition		Type of Business (N	mig., 700t., ins., 60.,
Address of Employment		City	State ZIP
Phone Number	Type and Nur	mber of Employees you	Supervised
Name, Title and Address of Imm	nediate Supervisor		
	·		
Reason for Leaving:			
reason for Ecaving			
Date of Employment (From/To)		Place of Employme	nt

	Address of Employment		City	State ZIP
	Phone Number	Type and Number	of Employees you	Supervised
	Name, Title and Address of Imm	nediate Supervisor		
	Description of Work:			
	Reason for Leaving:			
14.	Have you ever been dis	charged (fired) from	employment	for any reason? ()Yes ()Ne
15.	Have you ever resigned discharge you for any re		d that your em	nployer intended to ()Yes ()No
	Were you ever subjecte If your answer to item 1 address of employment information should agre	4, 15, or 16 is YES, , approximate date,	give details sh and reasons i	() Yes () No nowing the name and n such case. This

V. <u>HEALTH</u>

18.	Does the state of your hea without accommodation?	Ith permit you to perform job-relat		unction) Yes		
19.	Would you agree to comply smoking?	y with all state, city and county po		s regar) Yes	_	
kno clin Mag	wledge and belief. I agree ic, physician, surgeon, or ot gistrates Commission a cor	ation given herein is true and cor that if I am selected for this posi ther practitioner mentioned herein inplete transcript of my medical re employment within the Idaho Jud	tion, to f	, I will a urnish t d for th	utho o th	orize any e District
 Dat	ed	Signature				

VI. GENERAL BACKGROUND

20.	Have you ever plead guilty or been found guilty of any federal law, state law, county or municipal law, regulation or ordinance? If so, please give details. Do not include traffic violations for which a fine of \$50.00 or less was imposed.							
	DATE	LOCATION	VIOLATION (Actual Charge)	COURT DISPOSITION OF SENTENCE	POLICE AGENCY INVOVLED			
21.	Do you h	nave a valid mo	otor vehicle operator	's license? () \	res () No			
22.	If so, list	your driver's li	cense number, state	e, and expiration date: _				
23.	engaged including position, intention	d in the manage of the name of to the nature of your to resign such	ement of any busine he enterprise, the nayour duties, and the positions and give the second control of the positions and give the second control of the se	ousiness organization o ss enterprise, please gi ature of the business, th term of your service. If up any other participation orises, please so state, g	ve details, e title of your it is not your on in the			

24.	Have you ever held judicial office? If so, give the details, including the court involved, whether elected or appointed, and the periods of service.
25.	Have you ever held public office other than a judicial office, or have you ever been a candidate for such an office? If so, give the details, including the office involved, whether elected or appointed, and the length of your service.
26.	List any honors, prizes, or other forms of recognition that you have received.
27.	List all courts in which you are presently admitted to practice, including the dates of admission in each case. Give the same information for administrative bodies having special admission requirements.

Are you actively engaged in the practice of law at the present time? If you are connected with a law firm, corporate law department, or a governmental agency, please state its name and indicate the nature and duration of your relationship.						
If in the past you have practiced in other localities or have been connected with other law firms, corporate law departments, or governmental agencies, please give the particulars, including the locations, the names of the firms, corporate law departments, or agencies, and your relationship thereto, and the relevant dates. Also indicate any period in the past during which you practiced alone.						
What is the general nature of your practice? Indicate the nature of your typical clients and mention any legal specialties that you possess. If the nature of your practice has been substantially different at any time in the past, give the details, including the nature of such and the periods involved.						

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36.	Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, bar association, disciplinary committee, or other professional group? If so, please give the particulars.				
37.	Have you ever published any legal books or articles? If so, please list them, giving the citations and dates.				
38.	List all bar associations and professional societies of which you are a member, and give the titles and dates of any offices that you have held in such groups. Also list committees in bar associations and professional societies and memberships on any committees that you believe to be of particular significance (i.e., judicial selection committee, committee of censors, grievance committee) or for which you served as the chairperson.				

VII. REFERENCES

39. List any persons (at least four (4) of whom are lawyers) living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under the Employment Section.

A.							
	Complete Name		Occupation		Years Known		
	Home Address						
	City	State	ZIP	Phone Number			
В.							
	Complete Name		Occupation		Years Known		
	Home Address						
	City	State	ZIP	Phone Number			
C.	Complete Name		Occupation		 Years Known		
	Home Address						
	City	State	ZIP	Phone Number			
D.							
	Complete Name		Occupation		Years Known		
	Home Address						
	City	State		Phone Number			

The applicant, being sworn, having read the foregoing, says that the responses to the foregoing questions, and information contained on any attached materials, are true and complete to the best of my knowledge. I have not withheld any information that would be significant to the Magistrates Commission in evaluating my fitness for the judicial office for which I have applied. I have met, or will timely meet, any residency requirements or other legal requisites for such judicial office. I understand that any misstatement or omission in respect to any material fact which would in any way affect my eligibility for appointment or employment will subject me to immediate disqualification from further processing of this application or, if appointed as a magistrate judge with the state of Idaho, to immediate dismissal. I further expressly authorize the Magistrates Commission to inquire of the Idaho State Bar regarding disciplinary matters involving me, the U.S. Armed Forces or state national guard regarding my general service record, including performance evaluations, and the Idaho State Tax Commission to verify that income tax returns have been filed and the status of any investigations conducted by the Tax Commission. I hereby waive any confidentiality, privilege or other restrictions involving the release of the above information about me by those organizations, and to verify any other statements made in this application or in any examinations or interviews conducted relative to this application, including but not limited to criminal arrest and/or conviction information. I further expressly authorize the release of any university or law school transcripts, and waive any privilege or confidentiality or other restrictions involving the release of such transcripts. By submitting this application, I agree and understand that if I am offered and accept the position of Magistrate Judge, I may be assigned by the Idaho Supreme Court, Administrative District Judge or the Trial Court Administrator of this District to preside over and dispose of cases outside of the county for which I am appointed.

Printed Name		
Signature		Dated
STATE OF IDAHO) COUNTY OF) ss.		
Subscribed and sworn to before me this _	day of	, 20
	NOTARY PUBLIC Residing at:	
	My Commission Expire	es:

Notice: If you are offered this magistrate judge position, you may be required to provide information regarding your place of birth, credit history and medical history. Further, a security investigation of you will be made.