

## Application for Senior Administrative Law Judge

**Description of the Senior Administrative Law Judge (SALJ) Program:** The SALJ Program allows retired Administrative Law Judges (ALJs) to be reemployed on a temporary and intermittent basis to complete hearings of one or more specified case(s) in accordance with the Administrative Procedure Act of 1946. Upon appointment, and while reemployed, the retired ALJ is referred to as a SALJ. (See 5 U.S.C. § 3323(b), and 5 CFR 930.201, et seq)

**Who Can Apply:** Federal ALJs who retired from the Federal Government, and who are currently receiving a federal annuity under the Civil Service Retirement System (CSRS) or the Federal Employee Retirement System (FERS). Retired ALJs are required to demonstrate through proper documentation that they are licensed and authorized to practice law under the laws of a State, the District of Columbia, the Commonwealth of Puerto Rico, or other territorial court established under the Constitution. Judicial status is acceptable in lieu of "active" status in States that prohibit sitting judges from maintaining "active" status to practice law. Being in "good standing" is also acceptable in lieu of "active" status in States where the licensing authority considers "good standing" as having a current license to practice law. If eligible, the U.S. Office of Personnel Management (OPM) will place the retired ALJs name on its SALJ Master List for referral to a hiring agency for possible reemployment. **Placement on the SALJ Master List is not a guarantee of reemployment.**

**Instructions:** Type or print clearly in black or blue ink. Complete the application and Geographic Preference Statement for Senior Administrative Law Judge Applicant (OPM Form 1655-A). Submit your application and requested documentation to: **Administrative Law Judge Program Office, U.S. Office of Personnel Management, 1900 E Street, NW, Washington, DC 20415** or Email to [alj.application@opm.gov](mailto:alj.application@opm.gov).

1. Name (Last, First, MI)		2. Last 5 Digits of SSN		3. Telephone Numbers Daytime (    ) Other (    )	
4. Address (Street, City, State, ZIP Code)				5. Email Address (if available)	
6. Are you a U.S. Citizen?  <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Highest Grade and Step/Level and Rate as ALJ			
8. Retirement Date (mm/dd/yyyy)		9. Are you a Civil Service annuitant?  <input type="checkbox"/> No <input type="checkbox"/> Yes    →		<input type="checkbox"/> CSRS    CSA Claim Number:  <input type="checkbox"/> FERS	
10. Do you meet the licensure requirements described above in "Who Can Apply?"  <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list the state(s) and /or jurisdiction(s) where you <b>currently meet the licensure requirements</b> (attach proof of licensure):		
11. Since the date of your original appointment as an ALJ, have you ever been <b>disciplined or cited</b> for 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?  <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, in which jurisdiction: Please describe the nature and outcome of the proceeding (if needed, please attach a separate sheet to this form):		
12. List your ALJ experience. If desired, attach a resume to this form.					
<b>From (mm/yyyy)</b>	<b>To (mm/yyyy)</b>	<b>Title</b>	<b>Grade/Level</b>	<b>Employer (Agency)</b>	<b>Location (City/State)</b>
13. For which agencies are you interested in conducting hearings?					
14. Availability to work:  <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time			15. Are you willing to travel?  <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Privacy Act Statement

The information on this form is collected pursuant to 5 U.S.C. § 3323(b) and 5 CFR 930.201 et seq. The primary use of the information is to determine eligibility for reemployment as a SALJ. The information may be disclosed to appropriate Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions; in judicial or administrative proceedings; to congressional offices; and to Federal agencies for employment or security reasons. The routine uses that may be made of this information are in [the system notice for the OPM/Central-6 system of records under the Privacy Act](#). Your Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires the SSN for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary, however, failure to provide the requested information will prevent processing of the application. The effect of not providing all other requested information will result in us not being able to process your application.

### Public Burden Statement

We estimate the public reporting burden for this collection will vary from 30 to 45 minutes, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Administrative Law Judge Program Office, ALJ Program Manager, Washington, DC 20415-7900. The OMB number, 3206-0248, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed.

### Reasonable Accommodation

Federal agencies must provide reasonable accommodation to applicants with disabilities where appropriate. Applicants requiring reasonable accommodation for any part of the hiring process should contact the appointing agency directly. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

### The Federal Government is an Equal Opportunity Employer.

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 reemployment as a SALJ is subject to investigation of suitability in accordance with 5 CFR Part 731. In addition, I understand that reemployment is subject to conflict of interest and security investigation requirements by the appointing agency.

Signature	Date (mm/dd/yyyy)
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