

Office of the  
FEDERAL PUBLIC DEFENDER  
NORTHERN DISTRICT OF OHIO

Skylight Office Tower • Suite 750 • 1660 West Second Street • Cleveland, Ohio 44113-1454  
Phone: 216-522-4856 • Fax: 216-522-4321 • Website: [www.fpd-ohn.org](http://www.fpd-ohn.org)

---

*Branch Offices*

---

*Akron Centre Plaza  
50 South Main Street, Ste 700  
Akron, Ohio 44308  
Phone: 330-375-5739  
Fax: 330-375-5738*

*617 Adams Street  
Toledo, Ohio 43604-1419  
Phone: 419-259-7370  
Fax: 419-259-7375*

*Thomas D. Lambros Federal Building and  
United States Courthouse  
125 Market Street  
Youngstown, Ohio 44503-1780  
Phone: 330-746-6399  
Fax: 330-746-6391  
(By Appointment Only)*

**POSITION ANNOUNCEMENT  
FINANCIAL ADMINISTRATOR**

Open Date: October 18, 2009

Close Date: November 12, 2009

The Federal Public Defender for the Northern District of Ohio is accepting applications for the position of **Financial Administrator** to be located in Cleveland, Ohio. The Financial Administrator reports to the Administrative Officer. The Federal Public Defender operates under authority of the Criminal Justice Act, U.S.C. § 3006A, to provide defense services in federal criminal cases and related matters in federal courts. It carries out its mission of defending indigent individuals across the entire Northern District of Ohio through its offices in Cleveland, Youngstown, Akron, and Toledo.

Although the federal government has been operating since October 1st when its new fiscal year began under a continuing resolution instead of its normal budget, hiring for this position was approved in the prior fiscal year, and permission has been requested for immediate hiring.

**Requirements:** Must be a high school graduate. A bachelor's degree in accounting is preferred. Minimum of three years of progressively responsible accounting experience with substantial experience conducting audits, developing spending plans, preparing budgets, analyzing financial reports; experience in operating with internal controls and financial audits; and the separation of functions. Expertise in Excel and computer applications in a web-based environment. Excellent communication skills.

**Duties:** Duties include, but are not limited to, maintaining the time and attendance for all employees; approving purchase orders and payment documents; developing projections; creating monthly financial reports and assisting with the formulation of the Office's annual budget; working with internal controls; and assisting with the development of a Continuity of Operations Plan.

**Selection Criteria:** The successful applicant must be able to work in a team atmosphere, have a comprehensive knowledge of financial management principles, practices, methods and techniques; have the ability to identify and evaluate pertinent facts and regulations, policies and procedures; and have knowledge and experience in budget preparation, accruals, and identifying variances.

**Salary and Benefits:** This is a permanent full-time position of 40 hours per week (excluding lunch time). Federal benefits and leave apply. This position is subject to mandatory electronic transfer of net pay (direct deposit). This is a graded position with earning potential up to a Grade 12, Step 10 based on the GS schedule for Cleveland.

## FEDERAL PUBLIC DEFENDER

**Conditions of Employment:** Applicant must be a U.S. citizen or eligible to work in the United States. The selected candidate will be subject to fingerprinting as a condition of employment.

**How to Apply:** Qualified persons may apply by submitting a letter of interest, resume and a completed AO-0078 Application for Judicial Branch Federal Employment to: Federal Public Defender, Attn: Financial Administrator, 1660 W. 2<sup>nd</sup> Street, Ste 750, Cleveland, Ohio 44113. Applications must be post-marked by November 12, 2009.

No phone calls and no e-mail submissions. EOE

# APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

If You Need Additional Space, Continue Under "Remarks" Listing Item Number

1. Name (*Last, First, Middle Initial*) Mr Miss. Mrs. Ms. 1 a. Gender 2. Phone Number 3. Social Security Number  
 F  M

4. Present Address (*Street, City, State, Zip*) 5. Place of Birth  
City/State  
Foreign Country

6. Other Names Previously Used for Employment Purposes 7. Date of Birth

## GENERAL

8. Are you a U.S. Citizen? YES  NO  — If not, give the Country of your citizenship \_\_\_\_\_

9. a. Were you ever a federal civilian employee? YES  NO  — For highest civilian grade give: \_\_\_\_\_ / \_\_\_\_\_  
grade step

b. Are you receiving a federal annuity payment? YES  NO

c. Are you receiving federal severance pay? YES  NO  Former agency contact/tel: \_\_\_\_\_

10. Do you have any relatives that are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you.  
 YES  NO

11. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES  NO  If yes, explain under Remarks at the end of this form.

12. Have you ever been convicted? YES  NO  (You may omit: (1) offenses committed before your 18<sup>th</sup> birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 or less) If yes, explain under Remarks at the end of this form.

## EDUCATION

13. a. Do you have a high school diploma or G.E.D. equivalent? YES  NO  If yes, Date of Completion \_\_\_\_\_

b. Name and location of colleges or universities attended (including law schools)	Dates Attended		Number of		Degree	Date Received	Grade Point Average and/or scholastic standing
	Quarter	Semester	Quarter	Semester			
Chief Undergraduate Subjects	Credit Hours		Chief Graduate Subjects			Credit Hours	
	Quarter	Semester				Quarter	Semester

c. Special skills, accomplishments, awards, honors, fraternities, sororities & societies (Specify) YES  NO

d. What was your scholastic standing in college/law school (*Specify*)? UPPER ½  UPPER ⅓  UPPER ¼

e. Were you a member of an editorial board of law review or a moot court participant? YES  NO

f. Other schools or training such as trade, vocational, Armed Forces, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and any other pertinent data.

## MILITARY SERVICE

14. a. Have you ever served on active duty with the military? YES  NO  If yes, attach DD 214 member-4 copy, Notice of Separation.

b. Are you retired from military service? YES  NO

## APPLICANTS FOR LEGAL POSITIONS

15. a. Are you admitted to the Bar? YES  NO  If yes, list the Bar(s) to which admitted and date(s) of admission:

Is your Bar membership ACTIVE  INACTIVE

b. Did you attend a Bar review course? YES  NO  List type of course: \_\_\_\_\_

Dates Attending: From: \_\_\_\_\_ To: \_\_\_\_\_

mm/dd/yyyy mm/dd/yyyy

### WORK EXPERIENCE

Include experience while in military service.

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

**A**

Dates of Employment ( <i>month, day, year</i> ) From: _____ To _____		Number of hours worked per week: _____	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step <i>(If in federal Service)</i>	Place of Employment City _____	Kind of Business or Organization
			State _____	
Name and Address of Employer ( <i>firm, organization, etc.</i> )			Name and Title of Immediate Supervisor	
Business Telephone: ( <i>Area Code and Phone Number</i> )			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

**B**

Dates of Employment ( <i>month, day, year</i> ) From: _____ To _____		Number of hours worked per week: _____	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step <i>(If in federal Service)</i>	Place of Employment City _____	Kind of Business or Organization
			State _____	
Name and Address of Employer ( <i>firm, organization, etc.</i> )			Name and Title of Immediate Supervisor	
Business Telephone: ( <i>Area Code and Phone Number</i> )			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

<p><b>REMARKS:</b> (<i>Use this space for continuation of answers. List the number of items being continued.</i>)</p>
-----------------------------------------------------------------------------------------------------------------------

**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



**WORK EXPERIENCE CONTINUATION SHEET - AO 78**

**C**

Dates of Employment ( <i>month, day, year</i> ) From: _____ To _____		Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step ( <i>If in federal Service</i> )	Place of Employment City _____ State _____	Kind of Business or Organization
Name and Address of Employer ( <i>firm, organization, etc.</i> )			Name and Title of Immediate Supervisor	
Business Telephone: ( <i>Area Code and Phone Number</i> )			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

**D**

Dates of Employment ( <i>month, day, year</i> ) From: _____ To _____		Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Grade/Step ( <i>If in federal Service</i> )	Place of Employment City _____ State _____	Kind of Business or Organization
Name and Address of Employer ( <i>firm, organization, etc.</i> )			Name and Title of Immediate Supervisor	
Business Telephone: ( <i>Area Code and Phone Number</i> )			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

**REMARKS:** (*Use this space for continuation of answers. List the number of items being continued.*)

**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