# DISTRICT OF COLUMBIA GOVERNMENT



(Rev. 5/11)

## **EMPLOYMENT APPLICATION (DC2000)**

Please answer the questions and complete all required fields on this application. If you are claiming residency preference for a career service or management supervisory service position, please complete the residency preference form.

### **1. POSITION VACANCY INFORMATION**

Position Title

Vacancy Announcement Number

#### 2. PERSONAL DATA

Last Name	First Name	Middle Name					
5	Street Address	Apt #					
City	State	Zip Code	Ward				
Telephone (including area code):	Home		Business				
Other names ever used	Social Security Number		Date of Birth				
Email	_						
3. D.C. EMP	LOYMENT HISTOF		ТҮ				
a. Are you now or were you ever employe	ed by the District of Colu	imbia Government?					
b. Mark below each type of current or previous D.C. government appointment. Check all applicable boxes.							
Career	Excepted Service	Exect	utive Service				
Management Supervisory Service	Legal Service	Other					
c. List highest grade, classification series	and step attained: Grad	de Series_	Step				
When can you start work?	Lowest pay	or grade you will accept					
	4. RESIDE	NCY					
a. Are you claiming a residency preference	e for the position indica	ted above?	Yes No				
b. I understand the residency preference requirements (found at the end of this document).							
c. If the position you are applying for above is in the Career Service, Management Supervisory Service, or Yes No Legal Service, excluding the Senior Executive Attorney Services, are you claiming a residence preference? (If you claim residency preference, you must complete the Residency Preference for Employment form, DC-2000RP).							
<ul> <li>d. If the position you are applying for above Executive Attorney Service, do you acked domiciliary of the District of Columbia a</li> </ul>	nowledge and understa	ind that, if selected, you n	nust be a				

appointment date, and maintain District domicile for the duration of the appointment?

# 5. MILITARY SERVICE AND VETERANS PREFERENCE

Veterans preference is granted by law to disabled veterans, to veterans who served on active duty in certain time periods or military operations, and, under certain conditions, to the spouses, widows, widowers, or mothers of deceased or disabled veterans.						
Have you ever served on active duty in the United States Armed For (Answer "NO" if your only active duty was for training, including basic training, in the National Guard.)	Prces? Yes No					
Did you or will you retire at or above the rank of Major or Lieutenar (If "YES," you are not eligible for veterans preference unless your retirement is base connected disability.)	t Commander? Yes No					
From To Dates of Active Duty Service (Month/Day/Year)	Character of Separation					
Campaign or Expeditionary Medals Received	Separation Date					
Preference claimed: 5-point preference (Please check one. You must show proof when hired.)	☐ 10-point preference					
6. EDUCATI	ON					
a. High School						
Indicate highest grade completed:						
Name and Address of School	Zip Code					
Did you graduate? Yes No If no, have you receive	d a GED high school equivalency? 🔲 Yes 🔲 No					
Attended From To (month/year) (month/year)						
b. Colleges and Universities						
School 1						
Indicate highest degree(s) obtained (e.g., A.A., B.S):						
Name and Address of College or University	Zip Code					
Major	Minor					
Major Semester Credit Hours OR Major C						
Attended From To (month/year) (month/year)						
School 2						
Indicate highest degree(s) obtained (e.g., A.A., B.S):						
Name and Address of College or University	Zip Code					
Major	Minor					
Major Semester Credit Hours OR Major C						
Attended From To (month/year) (month/year)						
(month/year) (month/year)						

## 7. TRAINING

List relevant training, licenses or skills (e.g., sign language). Include schools attended, addresses, certificates or degrees awarded, dates attended, number of credit hours, and major/minor field or subjects studied.

## 8. LANGUAGE CAPABILITIES

List the languages you speak, read and write Language	Speak	Read	Write			
	9. WORK					
List paid or unpaid work experience relevant to the position for which you are applying. No Work Experience PRESENT OR MOST RELEVANT POSITION:						
Employer's Name		Dates of Employment (Month/Year)	t Annual Salary	Average Hours		
Address		From To	  Final \$	Per Week		
Telephone	Name and	I Title of Supervisor				
Reason for leaving			No. of Employees Supervise	ed		
If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion						
Job Title and Duties, Responsibilities and Accomplishments						

POSITION:						
Employer's Name Address		Dates of Employment (Month/Year) From To		Annual Salary Starting \$ Final \$	Average Hours Per Week	
Telephone	Namo a	nd Title of Supe	nuisor			
Reason for leaving				o. of Employees Supervised		
If District or Federal Employment, L	st Series	s, Grade or Ran				
Job Title and Duties, Responsibilitie	s and Ac	complishments	;			
			ITION:			
Employer's Name Address		(Mon	Employment th/Year) To	Annual Salary Starting \$ Final \$	Average Hours Per Week	
Telephone	Nan	Name and Title of Supervisor				
Reason for leaving	·		No. of Employe	es Supervised		
If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion						
Job Title and Duties, Responsibilities a	nd Acco	mplishments				

		DOSITION			
Employer's Name		POSITION: Dates of Employment (Month/Year)		Annual Salary Starting \$	Average Hours Per Week
Address		From <b>To</b>		_	
				Final \$	
Telephone	Name ar	nd Title of Supervisor			
Reason for leaving	ist Ossiss			b. of Employees Supervised	
If District or Federal Employment, L	list Series	s, Grade or Rank and D	Date of La	ast Promotion	
Job Title and Duties, Responsibilitie	es and Ac	complishments			
		POSITION:			
				Annual Calany	A
Employer's Name		Dates of Employment (Month/Year)		Annual Salary Starting \$	Average Hours Per Week
Address		From To		_	
				Final \$	
Telephone	Nam	ne and Title of Supervis	sor		
Reason for leaving		No. of I	Employee	es Supervised	
If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion					
Job Title and Duties, Responsibilities and Accomplishments					

<b>10. BACKGROUND INFORMATION -</b> You must answer each question in this section before we can process your application							
a. Do any of your relatives work for the District of Columbia government? Include: father, mother, husband, wife, son, daughter, brother, INO sister, uncle, aunt, first cousin, niece, nephew, father-in-law, mother-in-law, daughter-in-law; brother-in-law; sister-in-law; stepfather; stepmother; stepdaughter; stepbrother; half-brother; and half-sister.							
If "YES," in the space below, write for each of these relatives their. (1) name; (2) relationship to you; and (3) agency of the District of Columbia Government in which the person works.							
	Name*	Relationship	District Agency				
(*Note: If more than five (5) relatives continue on a separate sheet of paper.)							
b. Do you receive or have you ever applied for retirement pay, pension, or other pay based on District of Columbia government, federal civilian or federal military service?							
c. Are you a citizen of the United States?							
d. Are you legally authorized to work in the United States?							
To work for the District of Columbia government in certain public safety positions, you must be a citizen of the United States. If selected, you will be required to submit evidence of identity and employment eligibility.							
11 SIGNATURE CERTIFICATION AND RELEASE OF INFORMATION							

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign. I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after I begin work (D.C. Official Code § 1-616.51 *et seq.*) (2001). I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 *et seq.* (2001). I understand that any information I give may be investigated as allowed by law or Mayoral order. I consent to the release of information regarding my suitability for District of Columbia Government employment by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, human resources specialists, and other authorized employees of the District of Columbia government. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete.

Sign

Date