

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
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. WORK EXPERIENCE

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)	Annual Salary	Average Hours Per Week
Address	From _____ To _____	Starting \$ _____ Final \$ _____	
Telephone	Name and Title of Supervisor		
Reason for leaving		No. of Employees Supervised	
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	Dates of Employment (Month/Year) From To	Annual Salary Starting \$ Final \$	Average Hours Per Week
Address			
Telephone	Name and Title of Supervisor		
Reason for leaving		No. of Employees Supervised	
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POSITION:

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Job Title and Duties, Responsibilities and Accomplishments

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POSITION:

Employer's Name	Dates of Employment (Month/Year)	Annual Salary	Average Hours Per Week
Address	From To	Starting \$	
		Final \$	

Telephone	Name and Title of Supervisor
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Reason for leaving	No. of Employees Supervised
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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	Dates of Employment (Month/Year)	Annual Salary	Average Hours Per Week
Address	From To	Starting \$	
		Final \$	

Telephone	Name and Title of Supervisor
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Reason for leaving	No. of Employees Supervised
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If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion

Job Title and Duties, Responsibilities and Accomplishments

10. BACKGROUND INFORMATION - 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, 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. Yes No

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? Yes No
- c. Are you a citizen of the United States? Yes No
- d. Are you legally authorized to work in the United States? Yes No

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