

DISTRICT OF COLUMBIA GOVERNMENT



Fy2023

(Rev. 5/11)

EMPLOYMENT APPLICATION (DC2000)

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Please answer the questions and complete all required fields on this application. In addition, please respond to all of the ranking factors listed in the vacancy announcement. Finally, 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 _____
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. EMPLOYMENT HISTORY AND AVAILABILITY

- a. Are you now or were you ever employed by the District of Columbia Government? ☐
- b. Mark below each type of current or previous D.C. government appointment. Check all applicable boxes.
- | | | |
|---|---|--|
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Term | <input type="checkbox"/> Permanent |
| <input type="checkbox"/> Career | <input type="checkbox"/> Excepted Service | <input type="checkbox"/> Executive Service |
| <input type="checkbox"/> Management Supervisory Service | <input type="checkbox"/> Legal Service | <input type="checkbox"/> Other _____ |
- c. List highest grade, classification series and step attained: Grade _____ Series _____ Step _____
- When can you start work? _____ Lowest pay or grade you will accept _____

4. RESIDENCY

- a. Are you claiming a residency preference for the position indicated above? ☐ Yes ☐ No
- b. I understand the residency preference requirements (found at the end of this document). ☐ Yes ☐ No
- c. If the position you are applying for above is in the Career Service, Management Supervisory Service, or 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). ☐ Yes ☐ No
- d. If the position you are applying for above is in the Excepted Service, Executive Service, or Senior Executive Attorney Service, do you acknowledge and understand that, if selected, you must be a domiciliary of the District of Columbia at the time of the appointment or within 180 days of the appointment date, and maintain District domicile for the duration of the appointment? ☐ Yes ☐ No

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 Forces?
(Answer "NO" if your only active duty was for training, including basic training, in the Reserves and National Guard.)

☐ Yes ☐ No

Did you or will you retire at or above the rank of Major or Lieutenant Commander?
(If "YES," you are not eligible for veterans preference unless your retirement is based upon a service-connected disability.)

☐ 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

☐ 10-point preference

☐ None

(Please check one. You must show proof when hired.)

6. EDUCATION

a. High School

Indicate highest grade completed: _____

Name and Address of School _____ Zip Code _____

Did you graduate? ☐ Yes ☐ No If no, have you received 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 Quarter Credit Hours _____

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 Quarter Credit Hours _____

Attended From _____ To _____
(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
_____	<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)	Annual Salary	Average Hours Per Week
	From To	Starting \$	
Address		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)	Annual Salary	Average Hours Per Week
	From To	Starting \$	
Address		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

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POSITION:

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

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

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, ☐ Yes ☐ No 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? ☐ 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