DISTRICT OF COLUMBIA GOVERNMENT



(Rev. 5/11)

EMPLOYMENT APPLICATION (DC 2 0 0 0)

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 Apt # Street Address City State Zip Code Ward Telephone (including area code): Home **Business** Other names ever used Social Security Number Date of Birth A copy of this form will be emailed to you. It must be printed, signed and mailed to Email the name and address found at the end of the vacancy announcement. 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. ☐ Temporary ☐ Term ☐ Permanent ☐ Career ☐ Excepted Service ☐ Executive Service Other ■ Management Supervisory ☐ Legal Service Service c. List highest grade, classification series and step Grade Series Step attained: 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 \square 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 ☐ Yes ∏No 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). d. If the position you are applying for above is in the Excepted Service, Executive Service, or Yes □No 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?

5. MILITARY SERVICE AND	VETERANS PREFERENCE				
Veteran's 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 Arm	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.)				
Did you or will you retire at or above the rank of Major or Lieutenant Commander? (If "YES," you are not eligible for veteran's preference unless your retirement is based upon a service-connected disability.)					
From To Dates of Active Duty Service (Month/Day/Year) Character of Separa					
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. EDUC	ATION				
a. High School					
Indicate highest grade completed:					
indicate nignest grade completed.					
Name and Address of School		Zip Code			
Did you graduate? ☐ Yes ☐ No If no, have you rec	eived a GED high school equivalency?	☐ Yes ☐ No			
Attended From To (month/year) (month/year)	ear)				
b. Colleges and Universities	oui,				
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)					
0.110					
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. LANG	UAGE CAPAB	ILITIE	S		
List the languages you speak, rea	nd and write						
Language Language	ia ana wiite	,		Spe	eak	Read	Write
				Ш		Ш	
		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 Er (Month/Yea		Anr	nual Sala	ıry	Average Hours
Address		`	,	Sta	rting \$		Per Week
		From	То	Fina	al \$		
Telephone	Name an	d Title of Sup	pervisor				
Reason for leaving					No. of E	mployees	Supervised
If District or Federal Employment, List Series, Grade or Rank and Date of Last Promotion							
Job Title and Duties, Responsibilities a	and Accom	plishments					

	<u>P</u>	OSITION:		
Employer's Name		f Employment onth/Year) To	Annual Salary Starting \$	Average Hours Per Week
Address	Address		Final \$	
Telephone Name and Title of Sup		upervisor		
Reason for leaving No. of Employees Supervised				
If District or Federal Employment, Li	st Series, Grade or F	Rank and Date of L	ast Promotion	
	P	OSITION:		
Employer's Name	(N	of Employment lonth/Year)	Annual Salary Starting \$	Average Hours Per Week
Address	From	То	Final \$	
Telephone	Name and Title	of Supervisor		·
Reason for leaving No. of Employees Supervised				
If District or Federal Employment, List S	eries, Grade or Ranl	k and Date of Last I	Promotion	
Job Title and Duties, Responsibilities	and Accomplishmer	ts		

		POSITION:		
Employer's Name		Dates of Employment (Month/Year)	Annual Salary Starting \$	Average Hours Per Week
Address		From To	Final \$	
Telephone	Name an	d Title of Supervisor		
Reason for leaving No. of Employees Supervised				
f District or Federal Emplo	oyment, List Series,	Grade or Rank and Date of		
ob Title and Duties, Resp	oonsibilities and Acc	complishments		
		POSITION:		
Employer's Name		Dates of Employment	Annual Salary	
Employer's Name				Hours
Employer's Name		Dates of Employment (Month/Year)	Starting \$	Hours
		Dates of Employment		Hours
Address	Name	Dates of Employment (Month/Year) From To	Starting \$	Hours
Address Telephone	Name	Dates of Employment (Month/Year) From To e and Title of Supervisor	Starting \$ Final \$	Hours
Address Telephone Reason for leaving		Dates of Employment (Month/Year) From To e and Title of Supervisor No. of Employ	Starting \$ Final \$ rees Supervised	Hours
Address Telephone Reason for leaving		Dates of Employment (Month/Year) From To e and Title of Supervisor	Starting \$ Final \$ rees Supervised	Hours
Address Telephone Reason for leaving		Dates of Employment (Month/Year) From To e and Title of Supervisor No. of Employ	Starting \$ Final \$ rees Supervised	Hours
Address Telephone Reason for leaving If District or Federal Emplo	pyment, List Series,	Dates of Employment (Month/Year) From To e and Title of Supervisor No. of Employ Grade or Rank and Date of L	Starting \$ Final \$ rees Supervised	Average Hours Per Week
Address Telephone Reason for leaving f District or Federal Emplo	pyment, List Series,	Dates of Employment (Month/Year) From To e and Title of Supervisor No. of Employ Grade or Rank and Date of L	Starting \$ Final \$ rees Supervised	Hours
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Employer's Name Address Telephone Reason for leaving If District or Federal Emplo Job Title and Duties, Resp	pyment, List Series,	Dates of Employment (Month/Year) From To e and Title of Supervisor No. of Employ Grade or Rank and Date of L	Starting \$ Final \$ rees Supervised	Hours
Address Telephone Reason for leaving If District or Federal Emplo	pyment, List Series,	Dates of Employment (Month/Year) From To e and Title of Supervisor No. of Employ Grade or Rank and Date of L	Starting \$ Final \$ rees Supervised	Hours
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Address Telephone Reason for leaving If District or Federal Emplo	pyment, List Series,	Dates of Employment (Month/Year) From To e and Title of Supervisor No. of Employ Grade or Rank and Date of L	Starting \$ Final \$ rees Supervised	Hours

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,					
If "YES," in the space below, write fo the District of Columbia Government	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			
(*No. 16 and 16 and 16 and 17 and 18					
,	continue on a separate sheet of paper.)				
 b. Do you receive or have you ever app Columbia government, federal civilian 	lied for retirement pay, pension, or other portion or federal military service?	pay based on District of	☐ 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			
that a false statement on any part of after I begin work (D.C. Official Code statement on this form or materials spursuant to D.C. Official Code § 22-be investigated as allowed by law or my suitability for District of Columbia enforcement agencies, and other incorporations and other authorized em	ON. Read the following carefully beform application may be grounds for note § 1-616.51 et seq.) (2001). I understand that the submitted with this form is punishable 2405 et seq. (2001). I understand that Mayoral order. I consent to the release Government employment by employ dividuals and organizations, to investigation of the District of Columbia got, all of my statements are true, correction.	ot hiring me, or for firing me, tand that the making of a far by criminal penalties any information I give may ase of information regarding ters, schools, law gators, human resources overnment. I certify that, to	e Ise /		
Sign	Date				

RANKING FACTORS

Name

Vacancy Announcement Number

The ranking factors found in the vacancy announcement will be used in the evaluation process for all positions other than wage grade. All applicants MUST respond to the ranking factors. Please describe specific incidents of sustained achievements from your experience that show evidence of the level at which you meet the ranking factors that have been determined to be of importance for the position for which you are applying. You may refer to any experience, education, training, awards, outside activities, etc. that include the degree to which you possess the job related knowledge, skills, and abilities described in the ranking factors. The information given in response to the ranking factors should be complete and accurate to the best of your knowledge. FAILURE TO RESPOND TO ALL RANKING FACTORS MAY ELIMINATE YOU FROM CONSIDERATION.

Use the spaces below to respond to the ranking factors on the job vacancy announcement. Ranking Factor 1 Ranking Factor 2 Ranking Factor 3

Rank	ring Factor 4
Rank	ring Factor 5
Poul	ring Factor 6
Kalir	Silly Factor 6

GOVERNMENT OF THE DISTRICT OF COLUMBIA

D.C. Department of Human Resources

FORM DC-2000RP - RESIDENCY PREFERENCE FOR EMPLOYMENT

[PART OF EMPLOYMENT APPLICATION]

NOTE:	Residency Preference is claimed at the time of application for a position in the Career Service, Educational Service, Legal Service other than the Senior Executive Attorney Service ("SEAS"), or Management Supervisory Service. Persons submitting paper applications shall complete this form to claim/decline the preference persons applying online shall follow the online application process to claim/decline the preference. Except for applicants covered under Sections I or II below, residency preference, if applicable, will not be granted unless this form is completed at the time of application; or unless preference is claimed electronically (online) at the time of application.				
Name:	(Print – Last Name, First Name, Middle Initial)	Last 4 Digits of SSN:			
Position	Applied for: (Print)	Job Requisition No.:			
	CHECK ($$) ONLY ONE (1) OF 7	THE FOLLOWING STATEMENTS:			
nas been co		I. loyee whose service began on or before December 31, 1979 and the required to submit proof of or establish or maintain			
II. I, the undersigned, am a former employee of the U.S. Department of Health and Human Services at St. Elizabeths Hospital who accepted employment with the District government, without a break in service, effective October 1, 1987. My service with the District government has been continuous since that date. I understand that I will not be required to submit proof of or establish or maintain residency as a result of receiving preference.					
☐ I, the upreference.		III. I understand that I am not entitled to the 10-point residency			
I, the u	ndersigned, am a bona fide District resident and I Dl	IV. ECLINE the residency preference.			
I, the undersigned, am a bona fide District resident and I claim a residency preference in applying for the position indicated bove. My current address is					
	Applicant's Signature	Date (Month, Day, Year)			

(OVER)

FACTS ON RESIDENCY PREFERENCE

- (1) An applicant for <u>initial appointment</u> with the District government in the **Career Service, Educational Service, Legal Service other than the Senior Executive Attorney Service (SEAS), or Management Supervisory Service** who is a bona fide District resident **AT THE TIME OF APPLICATION** may be awarded a <u>residency preference of 10-points</u>, unless he/she <u>declines</u> the preference points.
- (2) An employee who applies for a <u>competitive promotion</u> in the services listed in no. 1 above and who is a bona fide District resident **AT THE TIME OF APPLICATION** may be awarded a residency preference of 10-points, unless he/she declines the preference points.
- (3) The 10-point residency preference is to be claimed by completing the front of this form and submitting the form with the employment application.
- (4) A bona fide District resident who <u>declines</u> the 10-point residency preference **AT THE TIME OF APPLICATION** for initial appointment or competitive promotion, if found to be qualified, WILL NOT receive any preference. If selected, the person is not required to maintain bona fide residency.
- (5) Residency preference will be afforded as follows:
 - The 10 preference points will be added to any points awarded to the person on the <u>100-point scale</u> used to rank qualified <u>applicants</u> for the position.
 - For competitive promotions, excepted promotional examination (e.g., police officers, firefighters), the 10-point preference will be added to any points awarded to each qualified employee on the 100-point scale used to rank the qualified employees.
 - Preference candidates will be selected ahead of equally qualified non-preference candidates.
- (6) A person who is awarded a 10-point residency preference and is selected for the position must agree in writing no later than the date of appointment to maintain bona fide District residency for a period of 7 consecutive years from the effective date of his or her appointment; and shall submit no less than 8 proofs of bona-fide District residency on or before the effective date of the appointment. Failure to maintain bona fide District residency will result in forfeiture of employment.
- (7) The requirement to maintain bona fide District residency is applicable ONLY to an applicant and employee who is awarded a 10-point residency preference at the time of application for initial appointment or competitive promotion and is selected.
- (8) Entitlement to preference: Any person who was employed by the District government on December 31, 1979, and who is still employed by the District government without having had a break in service of 1 workday or more since that date; or, pursuant to the provisions of Pub. Law No. 98-621, any former employee of the U.S. Department of Health and Human Services at St. Elizabeths Hospital who accepted employment with the District government without a break in service effective October 1, 1987 and who has not had a break in service since that date, will be granted a residency preference upon application for a COMPETITIVE PROMOTION in the services listed in no. 1 above, if at least 1 qualified applicant for the position has claimed a residency preference. If selected, the employee is not required to establish or maintain bona fide District residency.
- (9) An employee who is under a 7-year residency requirement who thereafter is awarded a 10-point residency preference in applying for another position (i.e., competitive promotion), if selected, will be required to begin a new 7-year residency requirement effective the date of the new appointment.